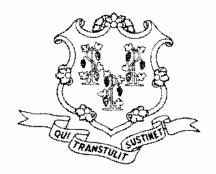
NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

| The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer, | | | |
|--|---|---|-------------|
| Valley Emergency Medical Services, Inc. | | | |
| to provide benefits to you in case of injury or occupational | I disease in the course of employment. | | |
| Section 31-294b of the Workers' Compensation Act states "Any employee who has sustained an injury in the course of his employment shall immediately report the injury to his employer, or some person representing his employer. If the employee fails to report the injury immediately, the commissioner may reduce the award of compensation proportionately to any prejudice that he finds the employer has sustained by reason of the failure, provided the burden of proof with respect to such prejudice shall rest upon the employer." An injury report by the employee is NOT an official written notice of claim for workers' compensation benefits; the Workers' Compensation Commission's Form 30C is necessary to satisfy this requirement. NOTE: You must comply with P. A. 17-141 (see next box, below) when filing a compensation claim. | | | |
| | | The INSURANCE COMPANY or SELF-INSURANCE ADMINIS | STRATOR is: |
| | | Name Workers Compensation Trust | |
| Address 47 Barnes Industrial Park Road | Telephone(203) 678-0100 | | |
| City/Town Wallingford | _ StateCT Zip Code06492 | | |
| Approved Medical Care Plan X Yes No | | | |
| The State of Connecticut Workers' Compensation Commis | sion office for this workplace is located at: | | |
| Address 55 West Main Street | Telephone (203) 596-4207 | | |
| | State CT Zip Code 06702 | | |
| | | | |
| Public Act 17-141 allows an employer the option to design where other labor law posters required by the Labor Departhe Workers' Compensation Commission's website [wcc. must file claims for compensation. | artment are prominently displayed" and on | | |
| where other labor law posters required by the Labor Depa the Workers' Compensation Commission's website [wcc. | artment are prominently displayed" and on state.ct.us] – a location where employees | | |
| where other labor law posters required by the Labor Depa the Workers' Compensation Commission's website [wcc. must file claims for compensation. | artment are prominently displayed" and on state.ct.us] – a location where employees I file your compensation claim there. | | |
| where other labor law posters required by the Labor Departhe Workers' Compensation Commission's website [wcc. must file claims for compensation. If your employer has listed a location below, you MUS | artment are prominently displayed" and on state.ct.us] – a location where employees T file your compensation claim there. y law – to send it by certified mail. | | |
| where other labor law posters required by the Labor Depa the Workers' Compensation Commission's website [wcc. must file claims for compensation. If your employer has listed a location below, you MUS When filing your claim, you are also required – by | artment are prominently displayed" and on state.ct.us] – a location where employees T file your compensation claim there. y law – to send it by certified mail. | | |
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THISNOTICE MUST BEINTY PEOF NOT LESS THAN TEN POINT BOLD-FACE AND POSTED IN A CONSPICUOUS PLACE IN EACH PLACE OF EMPLOYMENT. FAILURE TO POST THIS NOTICE WILL SUBJECT THE EMLOYER TO STATUTORY PENALTY (Section 31-279 C.G.S.).

Date Posted: ___11/30/2021

Any questions as to your rights under the law or the obligations of the employer or insurance company should be addressed to the employer, the insurance company, or the Workers' Compensation Commission (1-800-223-9675).