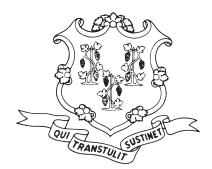
NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General State	tutes Chapter 568	8) requires your employer,
to provide benefits to you in case of injury or occupational	l disease in the c	ourse of employment.
Section 31-294b of the Workers' Compensation Act states "in the course of his employment shall immediately report representing his employer. If the employee fails to report may reduce the award of compensation proportionately to has sustained by reason of the failure, provided the burde shall rest upon the employer."	the injury to his on the injury imme on any prejudice to the	employer, or some person diately, the commissioner that he finds 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 ADMINISTRATOR is: Name		
Address	_ Telephone	
City/Town	_ State	Zip Code
Approved Medical Care Plan		
The State of Connecticut Workers' Compensation Commis		
Address		
City/Town	_ State	
Public Act 17-141 allows an employer the option to designate and post – "in the workplace location where other labor law posters required by the Labor Department are prominently displayed" and on the Workers' Compensation Commission's website [wcc.state.ct.us] – a location where employees must file claims for compensation. If your employer has listed a location below, you MUST file your compensation claim there. When filing your claim, you are also required – by law – to send it by certified mail. If blank below, ask your employer where to file your claim.		
Employer Name		
Address		
	_ Telephone	

THIS NOTICE MUST BE IN TYPE OF 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:

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).