

COMMONWEALTH OF KENTUCKY WORKERS' COMPENSATION NOTICE

Employees of this business are covered by the Kentucky Workers' Compensation Act (KRS Chapter 342). Conspicuous posting of this Notice is required by law.

Employer Name:			
Address:			
Workers Compensation	Carrier		
(or third party administ	rator):		
Policy #:	, effective	to	
Address:			
Telephone:	, Contact Person		
EMPLOYEES: IF IN	JURED – NOTIFY your su	pervisor IMMEDIATELY; w	hen possible
Notice should be in wr	iting. FAILURE to notify y	our supervisor could result in	n denial of
		oloyer must pay for ALL NEC	
		he employee may select the pl	
		enrolled in an approved Man	
) to the Approved Provider N	
		EQUIRING CONTINUING	
		G PHYSICIAN, a form to do s	
	oloyer or its insurance carri		70 11111 20
This employer IS ☐ IS	NOT ∐ participating in a M	Ianaged Care Plan for medica	al care. The
		, its representat	
	, phone numbe	er	•
DISABILITY BENEF	ITS to replace wages lost du	ie to a workplace injury are p	oayable
	•	(7) day of disability. A CLA	
		WITHIN TWO YEARS of th	
	t of temporary total disabili		
J- J, F J			
NEED ASSISTANCE	? Contact vour employer's	claim representative. If your	questions
		ptly answered call THE KEN	
		00-554-8601 to speak to an O	
or Workers' Compens			

EMPLOYER SUPERVISORS – NOTIFY MANAGEMENT IMMEDIATELY OF ALL INJURIES SO THAT TIMELY REPORT CAN BE MADE AS REQUIRED BY LAW.

04/09/09