

STATE OF RHODE ISLAND DEPARTMENT OF LABOR & TRAINING

This employer is subject to the provisions of the



WORKERS' COMPENSATION ACT of the State of Rhode Island

Workers' Compensation
Insurance Company:

TWIN CITY FIRE INSURANCE COMPANY

Adjusting Company:

Telephone:

800-327-3636

Policy Effective Date:

07/14/12

In accordance with Rhode Island General Law §28-32-1, the employer must report to the Director of Labor and Training every personal injury sustained by an employee if the injury incapacitates the employee from earning full wages for at least three (3) days, or requires medical treatment, regardless of the period of incapacity. If the injury proves fatal, the report must be filed within forty-eight (48) hours. If not fatal, the report shall be made within ten (10) days of the injury.

An injured employee shall have the freedom to choose medical treatment initially. The employee's first visit to any facility under contract or agreement with the employer or insurer in order to provide priority care shall not be considered the employee's initial choice.

For more information about Workers' Compensation procedures and benefits, call the Education Unit at (401) 462-8100 and press option #1 or TDD (401) 462-8006. If you suspect fraud, contact the Fraud Prevention Unit at (401) 462-8100 and press option #7.

In accordance with Rhode Island General Law § 28-29-13, this notice must be posted and maintained in conspicuous places where workers are employed.
Fines may be imposed for noncompliance.