

Employer's Liability and Workers' Compensation

NOTICE TO EMPLOYEES

This employer, OCCUPATIONAL HEALTH CONNECTIONS INC	, has complied
with the provisions of Title 21 of the Vermont Statutes, Annotated	l §687, by
obtaining Workers' Compensation Insurance coverage through:	

(Insurance Carrier)

TWIN CITY FIRE INSURANCE COMPANY

Workers' Compensation benefits for lost time, medical expenses, disability or death because of a work-related injury are available through the above named company.

- An injured employee MUST immediately notify his/her employer of an injury.
- The employer MUST file an Employee Claim and Employer's First Report
 of Injury (Form 1) with the Vermont Department of Labor within 72 hours
 of the notice of an injury that requires medical attention or results in time
 lost from work. The employer must also provide a copy of the Form 1 to
 the injured worker and to the insurance carrier.
- If the employer fails to file a First Report, an employee may file a
 <u>Notice of Injury and Claim for Compensation</u> (Form 5) with the Vermont
 Department of Labor within six months of the date of injury.
- Information concerning injured worker rights and benefits is available on the department's Workers' Compensation website at http://www.labor.vermont.gov or by calling (802) 828-2286.

Equal Opportunity is the Law

The State of Vermont is an Equal Opportunity/Affirmative Action Employer. Applications from women, individuals with disabilities, and people from diverse cultural backgrounds are encouraged. Auxiliary aids and services are available upon request to individuals with disabilities. 711 (TTY/Relay Service) or 802-828-4203 TDD (Vermont Department of Labor).

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