

State of Connecticut Workers' Compensation Commission

Notice to Employees

Workers' Compensation Act		
Chapter 568 of the Connecticut General Statutes (the Workers' Compensation Act) requires your employer,		
to provide benefits to you i	in case of injury or occupational disease in th	ne course of employment.
in the course of his employer. representing his employer. reduce the award of compositions by reason of the upon the employer." Such	rkers' Compensation Act states: "Any employ byment shall immediately report the injury to . If the employee fails to report the injury immediately to any prejudice failure, provided the burden of proof with rest an injury report by the employee is NOT and mefits. (The Form 30C is necessary to satisfy	his employer, or some person dediately, the commissioner may that he finds the employer has pect to such prejudice shall rest official written notice of claim for
The INSURANCE COMPAN	Y or SELF-INSURANCE ADMINISTRATOR is:	
Name		
Address		Telephone
City/Town	State	Zip Code
	Approved Medical Care Plan] No
The State of Connecticut Workers' Compensation Commission office for this workplace is located at:		
Address		Telephone
City/Town	State	Zip Code
should be addressed to the (1-800-223-9675). THIS NOTICE MUST BE IN	ights under the law or the obligations of the e employer, the insurance company or the Work N TYPE OF NOT LESS THAN TEN POINT E I EACH PLACE OF EMPLOYMENT. FAILURE	Rers' Compensation Commission BOLD-FACE AND POSTED IN A
SUBJECT THE EMPLOYER TO STATUTORY PENALTY (Section 31-279 C.G.S.).		

Date Posted