

## 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:			
<b>Workers Compensation</b>	Carrier		
(or third party administr	ator):		
Policy #:	ator):, effective	to	
Address:			
Telephone:	, Contact Person_		
EMPLOYEES: IF IN.	JURED – NOTIFY your si	ipervisor IMMEDIA	TELY; when possible
Notice should be in wr	iting. FAILURE to notify	vour supervisor coul	d result in denial of
	EDICAL CARE. Your em		
	reat a workplace injury. T		
	ler care. If the employer is		
	n of physicians is LIMITE		
	gencies. FOR INJURIES I		
	DESIGNATE A TREATIN		
	loyer or its insurance carr		in to do so win be
This employer IS IS The name of the Mana	S NOT _ participating in ged Care Plan is, phone numb	a Managed Care Pla , its er	n for medical care. s representative is
	, <b>F</b>		
under the Workers Co BE filed with the Depa	ITS to replace wages lost d mpensation Act after seven rtment of Workers' Claim t of temporary total disabil	n (7) day of disability WITHIN TWO YEA	. A CLAIM MUST
about workers' compe	Contact your employer's nsation rights are not pron VORKERS CLAIMS at 1-3 ation Specialist.	nptly answered call T	THE KENTUCKY
	VISORS – NOTIFY MANA TIMELY REPORT CAN		
04/09/09			