

TO THE EMPLOYER: THIS NOTICE MUST BE POSTED IN A CONSPICUOUS LOCATION
FREQUENTED BY EMPLOYEES

WORKERS' COMPENSATION NOTICE

(EMPLOYER)

Notice is hereby given that this employer is insured with

(NAME OF INSURANCE COMPANY) or ("Self-insured" if appropriate)

for Workers' Compensation, in compliance with the laws of the state of California.....

(POLICY EXPIRATION DATE)

Address of nearest claims office and telephone number

..... ()

If an injury or illness occurs on the job, your employer is required by law to provide workers' compensation benefits. Workers' compensation covers any job-related injury, including first aid type injuries, psychiatric injuries resulting from a workplace crime or repeated exposures at work (example: hurting your wrist from doing the same motion over and over).

Workers' compensation benefits can include:

Medical Care: Your claims administrator will pay all approved medical, hospital and reasonable medical transportation expenses. You should never receive a medical bill.

Your employer or claims administrator will choose the doctor who treats you during the first 30 days after your injury or illness. You have the right to request a change of treating physician 30 days after reporting an injury or illness. Upon selecting a physician 30 days after reporting the injury, you should immediately notify your employer or claims administrator of the name and address of the physician selected.

If, prior to an injury or illness, you gave your employer written notice of the name of your personal physician or personal chiropractor that maintains your records of prior care, then you may go to this doctor for treatment immediately after your injury. If your employer offers a Health Care Organization (HCO) contact your personnel office for more information.

Temporary Disability: If you lose wages because you cannot do your usual job while recovering, you will receive temporary disability payments. The disability payment is two-thirds of the weekly loss in wages during the period of such disability. However, you cannot receive more than the maximum weekly amount set by law. Payments begin when your treating physician states you cannot do your usual work for more than 3 days, or you are hospitalized overnight, or no later than 14 days after knowledge of the injury and disability.

Permanent Disability: If the injury or illness results in a permanent handicap, permanent disability benefit payments will be paid after recovery. The amount of benefits will depend on the type of injury, and your age and occupation and date of your injury.

Vocational Rehabilitation: If the injury or illness prevents you from returning to the same type of job and offer to provide alternative or modified employment with the employer, you may qualify for vocational rehabilitation benefits. If you qualify for vocational rehabilitation, your employer or claims administrator, up to a maximum set by state law, will pay the costs.

Death Benefits: If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the worker.

Report any work-related injury or illness to your supervisor or employer IMMEDIATELY. If it's a medical emergency, call 911, get immediate help and the best available treatment until emergency personnel arrives, or you should go to the nearest emergency hospital right away. Tell the health care provider who treats you that your injury or illness is job-related, and if possible, give your employer's workers' compensation carrier information.

Your employer will provide you with a claim form on which you can describe your injury, as well as when, how and where it occurred. You are required by law to provide your employer with notice of your injury within 30 days of the date of injury or within one year of the date you knew the injury was work related. Any delay in reporting an injury or illness may result in delayed or lost workers' compensation benefits.

For further information, please contact your supervisor or employer. You may also contact an Information and Assistance Officer at the Division of Workers Compensation (1-800-736-7401) or at the local office listed below:.....

Street Address City Telephone

EMERGENCY TELEPHONE NUMBERS

Doctor ()
Hospital ()
Ambulance ()
Fire Department () Police Department ()

OFF-DUTY ACTIVITIES OF EMPLOYEE(S)

Your employer or its insurance company may not be responsible for compensation because of injury due to the employee's voluntary participation in any off-duty recreational, social, or athletic activity that is not part of the employee's work-related duties.

If your workers' compensation policy has expired, contact a Labor Commissioner at the Division of Labor Standards Enforcement - their number can be found in your local White Pages under California State Government / Industrial Relations.

It is unlawful for any employer to discharge, or threaten to discharge, or in any manner discriminate against any employee because he or she has filed or made known his or her intention to file a claim for compensation. Should an employee prove this, then the employee's compensation benefits shall be increased, together with costs and expenses up to a maximum set by law.

Learn more on line: <http://www.dir.ca.gov>

WARNING: Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.