WORKER'S COMPENSATION NOTICE

Your employer is required to provide for payment of benefits under the Worker's Compensation Act of the State of Indiana.

Any employee who is injured while at work should report the injury immediately to their supervisor, employer, or designated representative.

 (name of company)	is:	(name of insurance carrier or administra	tor)
(nan	ne of carrier/admin	istrator)	
	(mailing address	s)	
	(city, state, zip)	
	(telephone numbe	er)	
	(contact persor	h)	

The worker's compensation insurance carrier or the administrator for

For more information about rights or procedures under the Indiana Worker's Compensation system, call or write:

Worker's Compensation Board of Indiana Ombudsman Division 402 W. Washington St., Rm W196 Indianapolis, IN 46204 (317) 232-3808 1-800-824-2667