

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. The worker's compensation insurance carrier or the administrator for

_____ is
Name of company

(name of insurance carrier or administrator)

(name of carrier/administrator)

_____ (mailing address) _____ (city, state, zip)

_____ (telephone number) _____ (contact person)

**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
Indiana Worker's Compensation Board**

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