

WORKERS' COMPENSATION

VERMONT - EMPLOYER'S LIABILITY AND WORKERS' COMPENSATION NOTICE TO EMPLOYEES

THIS EMPLOYER, _____, HAS COMPLIED WITH THE PROVISIONS OF TITLE 21 OF THE VERMONT STATUTES, ANNOTATED §687, BY OBTAINING WORKERS' COMPENSATION INSURANCE COVERAGE THROUGH:

Insurance Carrier

WORKERS' COMPENSATION BENEFITS FOR LOST TIME, MEDICAL EXPENSES, DISABILITY OR DEATH BECAUSE OF A WORK-RELATED INJURY ARE AVAILABLE THROUGH THE ABOVE NAMED COMPANY

- AN INJURED EMPLOYEE MUST IMMEDIATELY NOTIFY HIS/HER EMPLOYER OF AN INJURY.
- THE EMPLOYER MUST FILE AN EMPLOYEE CLAIM AND EMPLOYER'S FIRST REPORT OF INJURY (FORM 1) WITH THE DEPARTMENT OF LABOR AND INDUSTRY WITHIN 72 HOURS OF THE NOTICE OF AN INJURY THAT REQUIRES MEDICAL ATTENTION OR RESULTS IN TIME LOST FROM WORK. THE EMPLOYER MUST ALSO PROVIDE A COPY OF THE FORM 1 TO THE INJURED WORKER AND TO THE INSURANCE CARRIER.
- IF THE EMPLOYER FAILS TO FILE A FIRST REPORT, AN EMPLOYEE MAY FILE A **NOTICE OF INJURY AND CLAIM FOR COMPENSATION (FORM 5)** WITH THE VERMONT DEPARTMENT OF LABOR WITHIN SIX MONTHS OF THE DATE OF INJURY.
- INFORMATION CONCERNING INJURED WORKER RIGHTS AND BENEFITS IS AVAILABLE ON THE DEPARTMENT'S WORKERS' COMPENSATION WEBSITE AT <http://www.labor.vermont.gov> OR BY CALLING (802) 828-2286.

Equal opportunity is the Law. The State of Vermont is an Equal Opportunity/Affirmative Action Employer. Application from women, individuals with disabilities, and people from diverse culture backgrounds are encouraged. Auxiliary aids and services are available upon request to individuals with disabilities. 711 (TTY/Relay Service) or 802-828-4203 TDD (Vermont Department of Labor).

WC-10 (12/05)

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