

Workers Compensation Notice to Employees

(Employer's Name)

This employer is required to provide for payment of benefits in accordance with the provisions of workers compensation law.

Follow these steps if you are injured at work:

✓ **NOTIFY YOUR EMPLOYER**

If you are injured, notify your supervisor, employer, or designated representative immediately. Notify your employer even if you do not intend to seek immediate treatment for your injuries.

✓ **SEEK MEDICAL TREATMENT**

If needed, seek immediate medical care for your injuries. It is important to let your employer know the results of that treatment as soon as possible.

✓ **IMPORTANT!**

The law requires you to give notice of injury and/or illness to your employer. It is beneficial to all parties involved that the notice be provided as soon as possible after the injury occurs.

The workers compensation insurance carrier for this employer is:



150 Camelot Drive
PO Box 1029
Fond du Lac, WI 54936.1029
Phone 920.922.1220
Fax 920.922.0747