

# **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**

**Date Posted:**