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
Travelens Casualty Company of is: Travelers casualty company of (name of company) Connection (name of insurance carrier or administrator) Connection
Travelers casualty company of connecticut (name of carrier/administrator)
One Tower sawre (mailing address)
tartford Connecticut 06183 (city, state, zip)
(telephone number)
H 1 isted for Reporting Claims (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