



COMMONWEALTH OF KENTUCKY WORKERS COMPENSATION NOTICE

Employees of this business are covered by the Kentucky Workers Compensation Act (KRS Chapter 342). Conspicuous posting of this Notice is required by law.

Employer Name: SOUTHERN TRANSCRIPTION SERVICES

Address: 40 MAGNOLIA FARM RD
TAYLORSVILLE, GA 30178

Workers Compensation Carrier

(or third party administrator): HARTFORD FIRE INSURANCE COMPANY

Policy #: 76 WEG GD1188 , **effective** 10/16/16 **to** 10/16/17

Address: 3600 WISEMAN BLVD.
SAN ANTONIO

TX 78251

Telephone: _____ , **Contact Person** _____

EMPLOYEES: If INJURED-NOTIFY your supervisor **IMMEDIATELY**; when possible Notice should be in writing. **FAILURE** to notify your supervisor could result in denial of benefits. **OBTAIN MEDICAL CARE.** Your employer must pay for **ALL NECESSARY MEDICAL CARE** to treat a workplace injury. The employee may select the physician or medical facility to render care. If the employer is enrolled in an approved Managed Care Plan employee selection of physicians is **LIMITED** to the Approved provider Network, except in certain emergencies. **FOR INJURIES REQUIRING CONTINUING CARE the EMPLOYEE MUST DESIGNATE A TREATING PHYSICIAN,** a form to do so will be furnished by your employer or its insurance carrier.

This employer IS IS NOT participating in a Managed Care Plan for medical Care. The name of the Managed Care Plan is _____ ; its representative is _____ , phone number _____ .

DISABILITY BENEFITS to replace wages lost due to a workplace injury are payable under the Workers' Compensation Act after seven (7) days of disability. A **CLAIM MUST BE** filed with the Department of Workers' Claims **WITHIN TWO YEARS** of the date of injury, or last payment of temporary total disability benefits.

NEED ASSISTANCE? Contact your employer's claim representative. If your questions about workers compensation rights are not promptly answered call The **KENTUCKY DEPARTMENT OF WORKERS' CLAIMS** at 1-800-554-8601 to speak to an Ombudsman or Workers Compensation Specialist.

EMPLOYER SUPERVISORS-NOTIFY MANAGEMENT IMMEDIATELY OF ALL INJURIES SO THAT TIMELY REPORT CAN BE MADE AS REQUIRED BY LAW.

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