

# NOTICE

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## WORKERS' COMPENSATION ACCIDENT REPORTING

You Have Workers' Compensation Insurance  
with  
THE HARTFORD

**WHEN AN EMPLOYEE IS INJURED ON THE JOB, OR  
DOES NOT REPORT FOR WORK:**

1. Inquire as to cause of absence, if unknown.
2. If employee is injured on the job, or, if absence may be due to injury or illness related to employment:
  - a. Provide proper medical attention.
  - b. Complete enclosed Accident Report Form in duplicate at once.
  - c. Mail original immediately to:

HARTFORD UNDERWRITERS INSURANCE COMPANY

7300 WEST 110 STREET  
OVERLAND PARK, KS 66210

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- d. If employee is or will be off work more than three days,

**MAIL COPY TO:**

Department Of Industry, Labor and Human Relations  
Workers' Compensation Division  
P.O. Box 7901  
Madison, Wisconsin 53707-7901

