

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

OREGON STATE UNIVERSITY

is:

**ZURICH AMERICAN INSURANCE
COMPANY**

(name of company)

(name of insurance carrier or administrator)

ZURICH AMERICAN INSURANCE COMPANY

(name of carrier/administrator)

P.O. Box 512000

(mailing address)

Indianapolis, IN 46251-2000

(city, state, zip)

800-987-3373

(telephone number)

CENTRAL ZONE

(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**

