AND ABOUT THE EMPLOYER'S PLACES OF BUSINESS IN

THIS NOTICE IS TO BE POSTED CONSPICUOUSLY IN

Employee ID Number (under which worker to be covered) (10)

Employee Representative:

Phone: 317-479-1216

Address:

Phone: 317-479-1216

Name of Employer:

Address:

Phone: 800-976-8977

Name of Insurance Company:

Administrative Regulations:

The undersigned employer hereby issues notice of compliance with provisions of the Workers' Compensation law and

NOTICE: Violation of the provisions of the Workers' Compensation law provides for civil penalties.

1. You are required to keep on file at your place of business a Copy of this form.
2. You are required to post the Office of Workers' Compensation forms at your place of business.
3. You are required to post this notice in a prominent place at your place of business.
4. You are required to report all injuries, diseases, or occupational illnesses to the Office of Workers' Compensation.
5. You are required to report any insurance claims to the Office of Workers' Compensation.
6. You are required to furnish to me the date of injury or disease.
7. You are required to furnish to the Office of Workers' Compensation a copy of the report of injury or disease.

Notice of Compliance:

WARNING: This notice must be posted in a conspicuous place at each place of business in this State where workers are employed.

OFFICE OF WORKERS' COMPENSATION

Department of Labor and Employment Services

Labor Standards Bureau

405 Minnesota Ave NE, Washington, DC 20210

(202) 675-1292 (Fax)
NOTIFICACIÓN DE COMPENSACIÓN DE TRABAJADORES

FOICY DE ESTANDARES LABORALES

Departamento de Servicios de Empleo

409 MINNEAPOLIS AVENUE, N.E. WASHINGTON, DC 20095 • (202) 671-1929 • (202) 671-1940 (FAX)

Para efectos de esta notificación se considera un trabajador cualquier persona que utilice el equipo de seguridad personal de la empresa.