WORKFORCE WILL RESULT IN A $500 FINE AGAINST THE EMPLOYER

Failure to post the sign or posting an altered sign in the workplace will result in a $500 fine against the employer.

For General Information: call or write:
Schuamburg, IL 60196-5870
1-999 Zurich Way
ZURICH AMERICAN INSURANCE COMPANY

For specific information about this policy, call or write your employer's insurance carrier.

You may choose your initial health care provider.

Prior to the Insurer's designation or approval of a Treatment Provider, you may choose your initial health care provider. Where providing you with a choice of a health care provider, you will notify the Insurer of your selection of a receiving health care provider and the Insurer will designate or approve a Treatment Provider. The Insurer will provide you with a list of Treatment Providers selected by the Insurer.

The Insurer may require that you authorize your Treatment Provider to disclose to the Insurer all information necessary for it to determine whether you are entitled to benefits under the Plan.

You are required to provide the Insurer with all information reasonably necessary to determine whether you are entitled to any benefits.

The Insurer may, in its discretion, determine that the Treatment Provider is not in the network.

IN THE EVENT OF A TREATMENT PROVIDER'S NONCONSENT TO DISCLOSE INFORMATION, YOU MAY REQUEST THAT THE INSURER DISCLOSE INFORMATION ABOUT THE TREATMENT PROVIDER TO YOU.

If you are notified by the Insurer that a Treatment Provider has declined to accept assignment of benefits, you may select a new Treatment Provider or your health care provider's hours of business. You may then request that the Insurer disclose information about the Treatment Provider to you.

The Insurer may, in its discretion, determine that the Treatment Provider is not in the network.

You are required to provide the Insurer with all information reasonably necessary to determine whether you are entitled to any benefits.
AVISÓ DEL EMPLEADO

Cobertura de Seguro

Compañía de Trabajadores

El Seguro de la Compañía de Trabajadores cubre las siguientes prestaciones durante el período de 7/1/2022 a 7/1/2023:

- cobertura en el trabajo por infortunio de empleados
- cobertura en el trabajo por enfermedad de empleados
- cobertura en el trabajo por enfermedad de empleados

Núm. de la Policia: WC 001040939-07
Fecha: 7/1/2021

[Sección de información adicional]

Si Ud. debe ser heredado

[Sección de información adicional]