

Workers' Compensation Act

Notice to Employees

Your employer is insured under the Workers' Compensation Act by Pinnacol Assurance.

If you are injured or sustain an occupational disease while at work, you may be entitled to compensation benefits as provided by law. WRITTEN NOTICE MUST BE GIVEN TO YOUR EMPLOYER WITHIN FOUR (4) WORKING DAYS OF THE ACCIDENT. If you fail to report your injury or occupational disease promptly, Loss of Benefit penalties may be assessed against you.

No compensation is payable for the first three (3) days' disability unless the period of disability exceeds two (2) weeks. Thereafter, the compensation rate while disabled is 2/3 of your average weekly wage, subject to a statutory maximum determined annually as provided by law.

You are entitled to reasonable and necessary medical, surgical and hospital care for treatment of injuries or occupational diseases. In all cases of injury, the employer or insurer has the right in the first instance to select treating physicians. If physicians are not designated by the employer or insurer, you may select the services of a licensed physician or chiropractor.

You are hereby notified that if a child support obligation is owed, compensation benefits may be attached, and payment of the child support obligation may be withheld and forwarded to the obligee pursuant to Sections 8-42-124 and 26-13-122 (4) C.R.S.

The physicians designated by your employer's insurance carrier are:

In addition to any reports the employer is required to file, an injured employee may file his own claim for compensation and medical benefits in order to protect his future rights. To obtain claim forms or if your compensation is not paid promptly during your disability, or if you wish any information concerning your rights under the Workers' Compensation Act, contact the Colorado Division of Workers' Compensation at 303-318-8700. You can also write them at 633 17th St., Suite 400, Denver, CO 80202-3660, giving your name as it appears on the payroll, your social security number, the name of your employer, and the date of your accident.

Provided by

PINNACOL
ASSURANCE

www.pinnacol.com

For the Spanish version contact Pinnacol Assurance at 1-800-873-7242 or 303-361-4000.