## **WORKERS' COMPENSATION NOTICE 6**

## NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

<b>COVERAGE:</b> [Name of employer] <u>L</u>	UCE RESEARCH LLC.	has workers
compensation insurance coverage from	n [name of commercial insurar	nce company]
EMPLOYERS COMPENSATION INSURANCE CO. In the ev	vent of work-related injury or	occupational
disease. This coverage is effective from	ı [effective date of workers' c	ompensation
insurance policy] 02/01/2021	Any injuries or occupation	onal diseases
which occur on or after that date will be	handled by [name of commer	cial insurance
company] EMPLOYERS COMPENSATION INSURANCE CO	ompany .An employee or a p	person acting
on the employee's behalf, must notify	the employer of an injury or	occupational
disease not later than the 30th day aft	ter the date on which the inj	ury occurs or
the date the employee knew or should	d have known of an occupati	ional disease,
unless the Texas Department of Insur	ance, Division of Workers' C	ompensation
(Division) determines that good cause	existed for failure to provide	timely notice.
Your employer is required to provide y	ou with coverage informatio	n, in writing,
when you are hired or whenever the er	nployer becomes, or ceases to	o be, covered
by workers' compensation insurance.		

**EMPLOYEE ASSISTANCE:** The Division provides free information about how to file a workers' compensation claim. Division staff will answer any questions you may have about workers' compensation and process any requests for dispute resolution of a claim. You can obtain this assistance by contacting your local Division field office or by calling 1-800-252-7031. The Office of Injured Employee Counsel (OIEC) also provides free assistance to injured employees and will explain your rights and responsibilities under the Workers' Compensation Act. You can obtain OIEC's assistance by contacting an OIEC customer service representative in your local Division field office or by calling 1-866-EZE-OIEC (1-866-393-6432).

SAFETY VIOLATIONS HOTLINE: The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division at 1-800-452-9595.

Notice 6 (01/13) TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION Rule 110.101(e)(1)

**PRINT**