

WORKERS' COMPENSATION

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

LUCE RESEARCH LLC _____ is
Name of company

EMPLOYERS COMPENSATION INUSRANCE COMPANY _____
(name of insurance carrier or administrator)

MEHEERAH _____
(name of carrier/administrator)

5086 LIST DR _____
(mailing address)

COLORADO SPRINGS CO _____
(city, state, zip)

719-272-7200 XT:209 _____
(telephone number)

MEHEERAH _____
(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
Indiana Worker's Compensation Board**

3/1/10