NOTICE OF EMPLOYER IN INJURY POSTER



**COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT** DIVISION OF WORKERS' COMPENSATION



## **IF YOU ARE INJURED ON THE JOB, YOU HAVE RIGHTS UNDER THE COLORADO WORKERS' COMPENSATION ACT. YOUR EMPLOYER IS REQUIRED BY LAW TO** HAVE WORKERS' COMPENSATION **INSURANCE. THE COST OF THE INSURANCE IS PAID ENTIRELY**

**BY YOUR EMPLOYER. IF YOUR EMPLOYER DOES NOT HAVE WORKERS' COMPENSATION INSURANCE, YOU STILL HAVE RIGHTS UNDER THE LAW. IT IS AGAINST THE LAW FOR YOUR EMPLOYER TO HAVE A POLICY CONTRARY TO THE REPORTING REQUIREMENTS SET FORTH IN THE COLORADO WORKERS' COMPENSATION ACT. YOUR** 

## **EMPLOYER IS INSURED THROUGH:**

(Please write or type your insurance carrier name and contact information here.)

**Employers Compensation Insurance Company** 

888-682-6671

## IF YOU ARE INJURED ON THE JOB, NOTIFY YOUR EMPLOYER AS SOON AS YOU ARE ABLE, AND REPORT YOUR INJURY TO YOUR EMPLOYER IN WRITING WITHIN 10 DAYS

**AFTER THE INJURY. IF YOU DO NOT REPORT YOUR INJURY PROMPTLY,** YOU MAY STILL PURSUE A CLAIM. **ADVISE YOUR EMPLOYER IF YOU NEED MEDICAL TREATMENT. IF YOU OBTAIN MEDICAL CARE, BE SURE TO REPORT TO YOUR EMPLOYER AND HEALTH-CARE PROVIDER** HOW, WHEN, AND WHERE THE **INJURY OCCURRED. YOU MAY FILE A WORKER'S CLAIM FOR** 

## **COMPENSATION WITH THE DIVISION OF WORKERS' COMPENSATION. TO OBTAIN FORMS OR INFORMATION REGARDING THE WORKERS' COMPENSATION SYSTEM, THE CUSTOMER SERVICE CONTACT INFORMATION FOR THE DIVISION OF WORKERS' COMPENSATION IS:**



Division of Workers' Compensation 633 17th Street, Suite 400 Denver, CO 80202



303-318-8700 1-888-390-7936 (Toll-Free) cdle.colorado.gov/dwc





WC50 Rev 08/22