

**Employer's Liability and Workers' Compensation
NOTICE TO EMPLOYEES**

This employer, _____, has complied with the provisions of Title 21 of the Vermont Statutes, Annotated §687, by obtaining Workers' Compensation Insurance coverage through:

(Insurance Carrier)

Workers' Compensation benefits for lost time, medical expenses, disability or death because of a work-related injury are available through the above named company.

- An injured employee **MUST** immediately notify his/her employer of an injury.
- The employer **MUST** file an Employee Claim and Employer's First Report of Injury (Form 1) with the Vermont Department of Labor within 72 hours of the notice of an injury that requires medical attention or results in time lost from work. The employer must also provide a copy of the Form 1 to the injured worker and to the insurance carrier.
- If the employer fails to file a First Report, an employee may file a Notice of Injury and Claim for Compensation (Form 5) with the Vermont Department of Labor within six months of the date of injury.
- Information concerning injured worker rights and benefits is available on the department's Workers' Compensation website at <http://www.labor.vermont.gov> or by calling (802) 828-2286. We accept all relay calls.

The Vermont Department of Labor is an equal opportunity employer that administers equal opportunity programs. Auxiliary aids and services are available upon request to individuals with disabilities. Free language access assistance is also available. Send an email to labor.wccomp@vermont.gov if you are in need of these services