

EMPLOYER'S WORKERS' COMPENSATION NOTICE TO EMPLOYEES

All employees of this employer who are entitled to benefits of the Administrative Workers' Compensation Act are hereby notified that this employer has complied with all rules of the Workers' Compensation Commission, and that this employer has secured payment of compensation for all employees and their dependents in accordance with the Act. All employees are further notified this employer will furnish first aid, medical, surgical, hospital, optometric, podiatric and nursing services, medicine, crutches and other apparatus as may be reasonably necessary in connection with the injury received by the employee, as well as payments of compensation to any injured employee or the employee's dependents as provided in the Act. This applies to care for all injuries and illnesses arising out of and in the course of employment.

WARNING: Any person who knowingly, and with intent to injure, defraud and deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. (Title 36 S 3613.1 O.S.)

EMPLOYEE'S RESPONSIBILITIES IN CASE OF WORK-RELATED INJURY

Job safety is every employee's responsibility. All accidents or occurrences involving potential injury shall be reported to your supervisor immediately.

If accidentally injured or affected by cumulative trauma occupational disease arising out of and in the course of employment, however slight, you as the employee must notify your employer immediately. Notice shall be given to your immediate supervisor or administrator in charge of the location of operations where the injury occurred. Unless notice is given to the employer within thirty (30) days of injury, any claim for compensation may be forever barred. If accidentally injured or affected by an occupational disease or death, the employee may file a claim for compensation with the Worker's Compensation Commission. Your employer will furnish you with the appropriate forms to file any compensation claim. A claim for compensation for any accidental injury or death must be filed with the Commission within one (1) year of the date of injury; a death claim must be filed within two (2) years of the date of death; a claim for compensation for occupational disease or illness must be filed within two (2) years of the last injurious exposure; and a claim for compensation for cumulative trauma must be filed within one (1) year of the date of injury. A claim for additional compensation is barred unless filed within one (1) year of the last payment of disability compensation or two (2) years from the date of injury, whichever is longer.

An injured worker must report an incident to his/her immediate supervisor during the shift in which the injury occurs and should not leave the work site without reporting their injury. Prior to authorizing medical treatment, all forms must be submitted to the Workers' Comp Team within 24 hours of the incident/injury.

WORKERS' COMPENSATION FRAUD PENALTIES

Upon filing a notice of injury, permission is given to the administrator of the Workers' Compensation Commission, the Workers' Compensation Court of Existing Claims, the Insurance Commissioner, the Attorney General, a District Attorney or their designees to examine all records, including medical records, relating to the notice or any matter contained in or relating to the notice.

Each conviction for Workers' Compensation Fraud is punishable by seven (7) years in the State penitentiary and a Ten Thousand Dollar (\$10,000.00) fine. Workers' Compensation Fraud includes:

- Concealing information or providing false, incomplete or misleading statements in support of a worker's compensation claim.
- Assisting another in presenting a false claim.
- Seeking or accepting benefits while failing to immediately disclose any change in material fact, your physical condition, circumstance, employment status or income.

I hereby declare under penalty of perjury that I have examined this notice, and that I understand or have had explained to me all statements contained herein.

Print Name _____

Signature _____

Date _____