## Form 1A Oklahoma Workers' Compensation Notice and Instruction to Employers and Employees

All Employees of this employer who are entitled to benefits of the Workers' Compensation Act are hereby notified that this employer has complied with all rules of the Workers' Compensation Court 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 and any other like services required by law as well as payments of compensation awarded by the Workers' Compensation Court to any injured employee.

Any employee who has suffered an accidental injury or occupational disease covered by the Workers' Compensation Act shall be entitled to vocational rehabilitation services, including retraining and job placement, if, as a result of the injury, the employee is unable to perform the same occupational duties the employee was performing prior to the injury.

NOTE: A voluntary Mediation Program to address certain workers' compensation disputes is available through the Workers' Compensation Court. For information, call (405) 522-8760 or (800) 522-8210.

In compliance with 85 O.S., § 3.9, the Oklahoma Workers' Compensation Court has a counselor program to provide information to injured workers and employers. The counselors shall assist unrepresented parties to enable them to protect their rights under the workers' compensation system.



Signature of Employer

Insurer & Insurer Phone Number

## Employee's Responsibilities in Case of Accidental Injury or Occupational Disease

If accidentally injured or affected by an occupational disease arising out of and in the course of employment, however slight, the employee should notify the employer immediately. If this employer is a partnership, notice shall be given to any partner. If this employer is a corporation, notice shall be given to any agent or officer of the corporation upon whom legal process may be served. Notice shall also be given to the person in charge of business at the location of operations where the injury occurred. Unless notice is given to the employer or medical treatment is rendered within thirty (30) days of injury, any claim for compensation may be forever barred.

If accidentally injured or affected by an occupational disease, the employee may file a claim for compensation with the Workers' Compensation Court. This employer is required to furnish the employee with appropriate forms to file a compensation claim.

If a claim for compensation for any accidental injury or death is not filed with the Court within two (2) years from the date of the accidental injury or death or if a claim for compensation for occupational disease or cumulative trauma is not filed within two (2) years of either the last hazardous exposure or from the date the disease first became manifest, which ever last occurred, the claim for compensation may be forever barred. Provided, claims may be filed within two (2) years of the date of last payment of any compensation or remuneration received instead of compensation or within two (2) years from the date of the last medical treatment authorized by the employer.

Any person receiving temporary disability benefits from an employer or the employer's insurance carrier shall promptly report in writing to the employer or insurance carrier any change in a material fact or the amount of income the employer is receiving or any change in the employee's employment status, occurring during the period of receipt of such benefits.

## Employer's Responsibilities

The employer must provide employees with immediate first aid, medical and surgical care and other like services necessary. This applies to care for all injuries and illnesses arising out of and in the course of employment, regardless of their character. If an employee is injured and this results in the loss of time beyond his/her shift, or requires medical attention away from the work site (fatal or otherwise), the employer MUST file a Form 2 within ten (10) days of the notice of injury or a reasonable time thereafter. A copy of such Form 2 shall be provided to the employer's workers' compensation insurance carrier, if any.

No agreement by any employee to pay any portion of premiums paid by the employer to maintain or carry compensation insurance as required by law shall be valid. Any employer who deducts money from the wages or salary of any employee for that purpose who is entitled to workers' compensation shall be guilty of a misdemeanor.

If the employer has notice of an undisputed injury and the employer's insurance carrier fails to commence weekly temporary total disability benefit payments due within the time provided by law, the insurer may be subject to a penalty of fifteen percent (15%) of the unpaid or delayed weekly benefits due and payable to the employee.

No agreement by any employee to waive workers' compensation rights and benefits shall be valid.

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony.

Workers' Compensation Court 1915 North Stiles Avenue Oklahoma City, Oklahoma 73105-4918 (405) 522-8600 WATS # 1-800-522-8210