

## COMMONWEALTH OF KENTUCKY WORKERS' COMPENSATION NOTICE

Employees of this business are covered by the Kentucky Workers' Compensation Act (KRS Chapter 342). Conspicuous posting of this Notice is required by law.

Employer Name: Citadel Se				
Address: 15707 Rockfield Blvd.	Ste. 320, Irvine, 0	CA 92618		
Workers Compensation Carrier	•			
(or third party administrator):	State Farm Inst	urance Companie	es	
Policy #: 92-CQ-D7884				12/15/2016
Address:				
Telephone: 1800-749-9703	. Contact Pers	on		
Notice should be in writing. I benefits. OBTAIN MEDICA MEDICAL CARE to treat a medical facility to render car Plan employee selection of phexcept in certain emergencies EMPLOYEE MUST DESIGN furnished by your employer of This employer IS IS NOT name of the Managed Care P	FAILURE to a L CARE. Yo workplace injustions is LI S. FOR INJUINATE A TREST or its insurance participating	notify your so ur employer ury. The em loyer is enrol MITED to th RIES REQUI ATING PHY the carrier.	uperv must ployed led in the Ap IRIN YSIC	ee may select the physician or an approved Managed Care proved Provider Network, G CONTINUING CARE the IAN, a form to do so will be are Plan for medical care. The, its representative is
NA	, phone	number	VA	•
DISABILITY BENEFITS to	renlace wages	s lost due to a	wor	knlace injury are navable

DISABILITY BENEFITS to replace wages lost due to a workplace injury are payable under the Workers Compensation Act after seven (7) day of disability. A CLAIM MUST BE filed with the Department of Workers' Claim WITHIN TWO YEARS of the date of injury, or last payment of temporary total disability benefits.

NEED ASSISTANCE? Contact your employer's claim representative. If your questions about workers' compensation rights are not promptly answered call THE KENTUCKY DEPARTMENT OF WORKERS CLAIMS at 1-800-554-8601 to speak to an Ombudsman or Workers' Compensation Specialist.

EMPLOYER SUPERVISORS – NOTIFY MANAGEMENT IMMEDIATELY OF ALL INJURIES SO THAT TIMELY REPORT CAN BE MADE AS REQUIRED BY LAW.

04/09/09