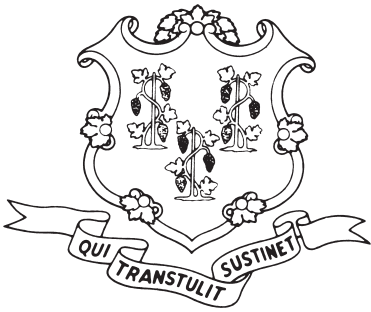


NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2021

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer, Lily Transportation, Inc.

to provide benefits to you in case of injury or occupational disease in the course of employment.

Section 31-294b of the Workers' Compensation Act states "Any employee who has sustained an injury in the course of his employment shall immediately report the injury to his employer, or some person representing his employer. If the employee fails to report the injury immediately, the administrative law judge may reduce the award of compensation proportionately to any prejudice that he finds the employer has sustained by reason of the failure, provided the burden of proof with respect to such prejudice shall rest upon the employer."

An injury report by the employee is NOT an official written notice of claim for workers' compensation benefits; the Workers' Compensation Commission's Form 30C is necessary to satisfy this requirement.

NOTE: You must comply with P. A. 17-141 (see next box, below) when filing a compensation claim.

The INSURANCE COMPANY or SELF-INSURANCE ADMINISTRATOR is:

Name Cottingham & Butler Attn: JoLynn Moore
Address P.O. Box 28 Telephone 563-587-5355/800-793-5235
City/Town Dubuque State IA Zip Code 52004

Approved Medical Care Plan ☐ Yes ☐ No

The State of Connecticut Workers' Compensation Commission office for this workplace is located at:

Address District 8, 90 Court Street Telephone 860-344-7453
City/Town Middletown State CT Zip Code 06457

Public Act 17-141 allows an employer the option to designate and post – "in the workplace location where other labor law posters required by the Labor Department are prominently displayed" and on the Workers' Compensation Commission's website [wcc.state.ct.us] – a location where employees must file claims for compensation.

If your employer has listed a location below, you **MUST** file your compensation claim there.
When filing your claim, you are also required – by law – to send it by certified mail.

If blank below, ask your employer where to file your claim.

Employer Name Lily Transportation Cheshire Whole Foods
Address 400 E. Johnson Avenue Telephone 203-941-8900
City/Town Cheshire State CT Zip Code 06410

THIS NOTICE MUST BE IN TYPE OF NOT LESS THAN TEN POINT BOLD-FACE AND POSTED IN A CONSPICUOUS PLACE IN EACH PLACE OF EMPLOYMENT. FAILURE TO POST THIS NOTICE WILL SUBJECT THE EMPLOYER TO STATUTORY PENALTY (Section 31-279 C.G.S.).

Date Posted: October 4, 2021

Any questions as to your rights under the law or the obligations of the employer or insurance company should be addressed to the employer, the insurance company, or the Workers' Compensation Commission (1-800-223-9675).