

NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer,
Midstate Radiology Associates, L.L.C., Radiology Services, LLC

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 commissioner 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 Workers Compensation Trust

Address 47 Barnes Industrial Park Road Telephone (203) 678-0100

City/Town Wallingford State CT Zip Code 06492

Approved Medical Care Plan Yes No

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

Address 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 Midstate Radiology Associates, L.L.C., Radiology Services, LLC

Human Resources
Address 101 North Plains Industrial Road Building 1A 2nd Telephone _____

City/Town Wallingford State CT Zip Code 06492

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: 9/29/2020

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).

NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer,
Midstate Medical Center

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 commissioner 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 Workers Compensation Trust
Address 47 Barnes Industrial Park Road Telephone (203) 678-0100
City/Town Wallingford State CT Zip Code 06492

Approved Medical Care Plan Yes No

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

Address 90 Court Street Telephone (860) 344-7453
City/Town Middletown State CT Zip Code 06457

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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 Midstate Medical Center
Human Resources
Address 101 North Plains Industrial Road Building 1A 2nd Telephone _____
City/Town Wallingford State CT Zip Code 06492

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NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer,
MRI of New Britain-THOCC

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

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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 Workers Compensation Trust
Address 47 Barnes Industrial Park Road Telephone (203) 678-0100
City/Town Wallingford State CT Zip Code 06492

Approved Medical Care Plan Yes No

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

Address 233 Main Street Telephone (860) 827-7180
City/Town New Britain State CT Zip Code 06051

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.

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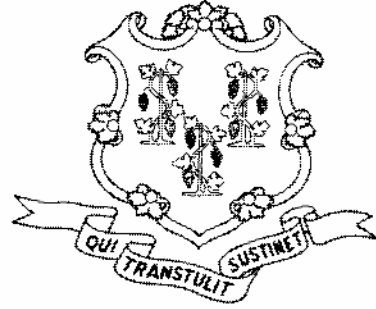
Employer Name MRI of New Britain-THOCC
Human Resources
Address 101 North Plains Industrial Road Building 1A 2nd Telephone _____
City/Town Wallingford State CT Zip Code 06492

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NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer,
Bristol Family Health

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 commissioner 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.

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Name Workers Compensation Trust
Address 47 Barnes Industrial Park Road Telephone (203) 678-0100
City/Town Wallingford State CT Zip Code 06492

Approved Medical Care Plan Yes No

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

Address 233 Main Street Telephone (860) 827-7180
City/Town New Britain State CT Zip Code 06051

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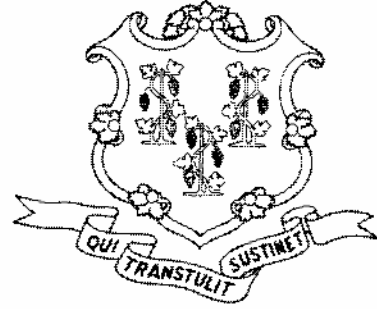
Employer Name Bristol Family Health
Human Resources
Address 101 North Plains Industrial Road Building 1A 2nd Telephone _____
City/Town Wallingford State CT Zip Code 06492

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NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer,
Imaging Center-THOCC

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

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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 Workers Compensation Trust
Address 47 Barnes Industrial Park Road Telephone (203) 678-0100
City/Town Wallingford State CT Zip Code 06492

Approved Medical Care Plan Yes No

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

Address 233 Main Street Telephone (860) 827-7180
City/Town New Britain State CT Zip Code 06051

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.

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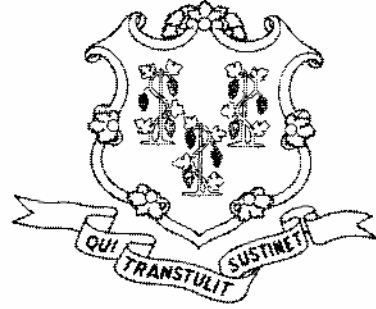
Employer Name Imaging Center-THOCC
Human Resources
Address 101 North Plains Industrial Road Building 1A 2nd Telephone _____
City/Town Wallingford State CT Zip Code 06492

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NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer,
William Backus Hospital

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 commissioner 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."

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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 Workers Compensation Trust
Address 47 Barnes Industrial Park Road Telephone (203) 678-0100
City/Town Wallingford State CT Zip Code 06492

Approved Medical Care Plan Yes No

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

Address 55 Main Street Telephone (860) 823-3900
City/Town Norwich State CT Zip Code 06360

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.
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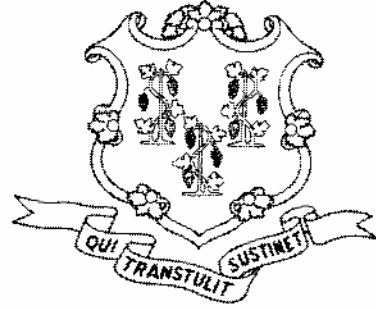
Employer Name William Backus Hospital
Human Resources
Address 101 North Plains Industrial Road Building 1A 2nd Telephone _____
City/Town Wallingford State CT Zip Code 06492

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NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer,
Meriden Imaging Center

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 commissioner 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."

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Name Workers Compensation Trust
Address 47 Barnes Industrial Park Road Telephone (203) 678-0100
City/Town Wallingford State CT Zip Code 06492

Approved Medical Care Plan Yes No

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

Address 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.

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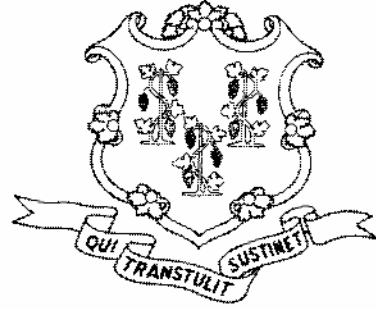
Employer Name Meriden Imaging Center
Human Resources
Address 101 North Plains Industrial Road Building 1A 2nd Telephone _____
City/Town Wallingford State CT Zip Code 06492

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NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer,
Meriden Imaging Center

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 commissioner 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."

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Approved Medical Care Plan Yes No

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City/Town Middletown State CT Zip Code 06457

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If your employer has listed a location below, you **MUST** file your compensation claim there.
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If blank below, ask your employer where to file your claim.

Employer Name Meriden Imaging Center
Human Resources
Address 101 North Plains Industrial Road Building 1A 2nd Telephone _____
City/Town Wallingford State CT Zip Code 06492

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NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

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Meriden Imaging Center

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Approved Medical Care Plan Yes No

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Employer Name Meriden Imaging Center
Human Resources
Address 101 North Plains Industrial Road Building 1A 2nd Telephone _____
City/Town Wallingford State CT Zip Code 06492

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NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer,
Imaging Cener of West Hartford

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

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Name Workers Compensation Trust
Address 47 Barnes Industrial Park Road Telephone (203) 678-0100
City/Town Wallingford State CT Zip Code 06492

Approved Medical Care Plan Yes No

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

Address 233 Main Street Telephone (860) 827-7180
City/Town New Britain State CT Zip Code 06051

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.

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Employer Name Imaging Cener of West Hartford
Human Resources
Address 101 North Plains Industrial Road Building 1A 2nd Telephone _____
City/Town Wallingford State CT Zip Code 06492

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NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer,
Avon Imaging

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

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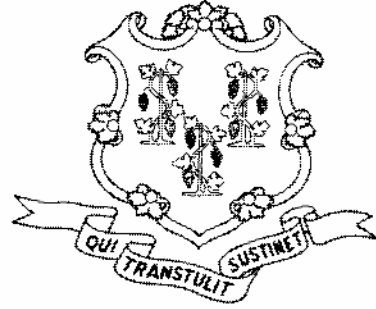
Employer Name Avon Imaging
Human Resources
Address 101 North Plains Industrial Road Building 1A 2nd Telephone _____
City/Town Wallingford State CT Zip Code 06492

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NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer,
New Britain Vein Center

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

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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.

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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.

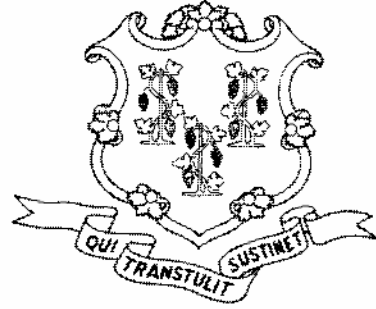
Employer Name New Britain Vein Center
Human Resources
Address 101 North Plains Industrial Road Building 1A 2nd Telephone _____
City/Town Wallingford State CT Zip Code 06492

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: 9/29/2020

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).

NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer,
Madison Vein Center

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 commissioner 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 Workers Compensation Trust
Address 47 Barnes Industrial Park Road Telephone (203) 678-0100
City/Town Wallingford State CT Zip Code 06492

Approved Medical Care Plan Yes No

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

Address 700 State Street Telephone (203) 789-7512
City/Town New Haven State CT Zip Code 06511-6500

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.

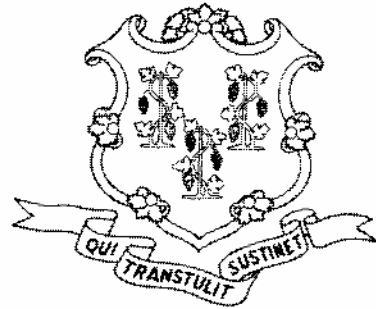
Employer Name Madison Vein Center
Human Resources
Address 101 North Plains Industrial Road Building 1A 2nd Telephone _____
City/Town Wallingford State CT Zip Code 06492

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: 9/29/2020

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).

NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer,
Vernon Imaging

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 commissioner 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 Workers Compensation Trust

Address 47 Barnes Industrial Park Road Telephone (203) 678-0100

City/Town Wallingford State CT Zip Code 06492

Approved Medical Care Plan Yes No

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

Address 999 Asylum Avenue Telephone (860) 566-4154

City/Town Hartford State CT Zip Code 06105

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 Vernon Imaging

Human Resources
Address 101 North Plains Industrial Road Building 1A 2nd Telephone _____

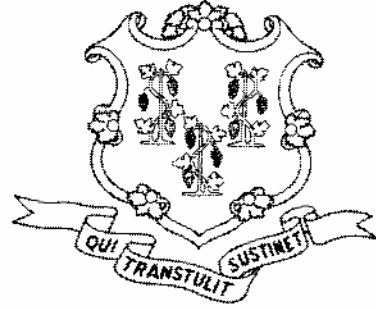
City/Town Wallingford State CT Zip Code 06492

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Date Posted: 9/29/2020

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).

NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer,
Groton MRI

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 commissioner 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 Workers Compensation Trust
Address 47 Barnes Industrial Park Road Telephone (203) 678-0100
City/Town Wallingford State CT Zip Code 06492

Approved Medical Care Plan Yes No

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

Address 55 Main Street Telephone (860) 823-3900
City/Town Norwich State CT Zip Code 06360

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.

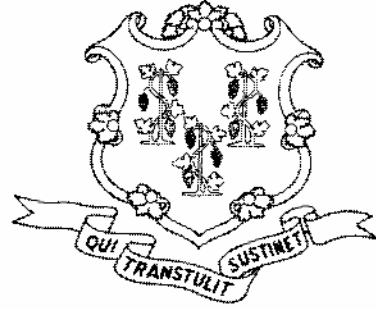
Employer Name Groton MRI
Human Resources
Address 101 North Plains Industrial Road Building 1A 2nd Telephone _____
City/Town Wallingford State CT Zip Code 06492

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Date Posted: 9/29/2020

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).

NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer, Midstate Radiology Associates, L.L.C.

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 commissioner 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 Workers Compensation Trust
Address 47 Barnes Industrial Park Road Telephone (203) 678-0100
City/Town Wallingford State CT Zip Code 06492

Approved Medical Care Plan Yes No

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

Address 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 Midstate Radiology Associates, L.L.C.
Human Resources
Address 101 North Plains Industrial Road Building 1A 2nd Telephone _____
City/Town Wallingford State CT Zip Code 06492

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Date Posted: 9/29/2020

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).

NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer,
Hospital of Central Connecticut

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 commissioner 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 Workers Compensation Trust
Address 47 Barnes Industrial Park Road Telephone (203) 678-0100
City/Town Wallingford State CT Zip Code 06492

Approved Medical Care Plan Yes No

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

Address 233 Main Street Telephone (860) 827-7180
City/Town New Britain State CT Zip Code 06051

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 Hospital of Central Connecticut
Human Resources
Address 101 North Plains Industrial Road Building 1A 2nd Telephone _____
City/Town Wallingford State CT Zip Code 06492

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Date Posted: 9/29/2020

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).

NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer,
Midstate Radiology Associates, L.L.C., Radiology Associates, LLC

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 commissioner 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."

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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 Workers Compensation Trust
Address 47 Barnes Industrial Park Road Telephone (203) 678-0100
City/Town Wallingford State CT Zip Code 06492

Approved Medical Care Plan Yes No

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

Address 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 Midstate Radiology Associates, L.L.C., Radiology Associates, LLC
Human Resources
Address 101 North Plains Industrial Road Building 1A 2nd Telephone _____
City/Town Wallingford State CT Zip Code 06492

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Date Posted: 9/29/2020

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).