

NOTICE

WORKERS' COMPENSATION ACCIDENT REPORTING

**You Have Workers' Compensation Insurance
with
THE HARTFORD**

**WHEN AN EMPLOYEE IS INJURED ON THE JOB, OR
DOES NOT REPORT FOR WORK:**

- 1. Inquire as to cause of absence, if unknown.**
- 2. If employee is injured on the job, or, if absence may be due to injury or illness related to employment:**
 - a. Provide proper medical attention.**
 - b. Complete enclosed Accident Report Form in duplicate at once.**
 - c. Mail original immediately to:**

TWIN CITY FIRE INSURANCE COMPANY

**7300 WEST 110 STREET
OVERLAND PARK,**

KS 66210

- d. If employee is or will be off work more than three days,**

MAIL COPY TO:

**Department Of Industry, Labor and Human Relations
Workers' Compensation Division
P.O. Box 7901
Madison, Wisconsin 53707-7901**

