



(Employer) **INTEGRATED STATISTICS INC**

**212 ROGERS AVE
MILFORD CT 06460**

This employer is insured to provide compensation benefits (including medical and hospital care) to its employees, or monetary benefits to eligible survivors, in case of work-connected injury, occupational illness or death, in accordance with the provisions of the above law and rules of the Office of Workers' Compensation Programs.

WHAT TO DO WHEN INJURED AT WORK

- **NOTIFY YOUR EMPLOYER IMMEDIATELY.** If possible, complete Form LS-201, Notice of Injury, available from your employer. You should give notice of Injury to the following person(s):

- **MEDICAL TREATMENT.** Request authority (Form LS-1) from your employer for treatment by the physician you choose. You may not select a physician that is not authorized by the Office of Workers' Compensation Programs to provide medical care under the Act. Your employer has a list of physicians who are not authorized. In an emergency or if unable to contact your employer, go to the nearest hospital or physician, but be sure to let your employer know as soon as possible.

- **DISABILITY.** If you are disabled more than 3 days, contact your employer or the insurance company indicated below for payment of compensation, payable 14 days after your employer has knowledge of injury.

- **IMPORTANT!** The law requires you to give written notice of injury (Form LS-201) to your employer and to the Office of Workers' Compensation Programs within 30 days. Additional time may be allowed for certain hearing loss and occupational disease claims. The address of the Office of Workers' Compensation Programs District Office for this area is:

**JFK FEDERAL BUILDING, ROOM E-260
BOSTON, MA 02203
PHONE: (617) 624-6750, FAX: (617) 624-6603**

Insurance Carrier for This Employer	For Further Assistance and Information On request, the Office of Workers' Compensation Programs will explain benefits and proceedings under the above Act. In addition, the Office of Workers' Compensation Programs will inform employees receiving compensation about medical and vocational rehabilitation services, and will assist in obtaining such services.
Name HARTFORD UNDERWRITERS INSURANCE COMPANY	
Address P.O. BOX 5600 HARTFORD CT 06102-5600	
Telephone 800-453-9843	
Policy Number (6S60UB-4081P11-0-20)	
Expiration Date of Policy 02-01-21	

Authorized Signature for the Employer

Date Signed

**This Notice must be posted and maintained in a conspicuous place in and about the place of business.
(33 U.S.C. 934)**

Important Notice

Section 31(a)(1) of the Longshore Act, 33 U.S.C. 931(a)(1), provides as follows: Any claimant or representative of a claimant who knowingly and willfully makes a false statement or representation for the purpose of obtaining a benefit or payment under this Act shall be guilty of a felony, and on conviction thereof shall be punished by a fine not to exceed \$10,000, by imprisonment not to exceed five years, or by both.

