TENNESSEE WORKERS' COMPENSATION INSURANCE

POSTING NOTICE

How to Report Work-Related Injuries

What should be done if injured at work?

Employee

1. Immediately **report the injury** to the employer representative named below.
2. **Select a treating physician** from a panel provided by your employer.
3. If you have questions or problems, contact the employer representative or the Bureau of Workers' Compensation.

Employer

1. Complete your company's internal "Workplace Injury form" and **notify your workers' compensation insurance company** immediately, even if you have concerns about the validity of the claim.
2. **Offer a panel of physicians** to the employee via Form C-42 available on the Bureau's website. *In cases of emergency, call an ambulance and provide this form as soon as the injured employee has stabilized.*

_____

*Printed **name and title** of the employer representative to be notified in the event of a work-related injury*

_____

*Printed name of an **alternative employer representative** to be notified in the event of a work-related injury*

_____

***Telephone number** of employer representative to notify in event of a work-related injury*

_____

***Address** of employer representative to notify in event of a work-related injury*

The Tennessee Bureau of Workers' Compensation is available to help both employees and employers.

BWC Bureau of WORKERS' COMPENSATION

220 French Landing Dr. 1-B
Nashville, TN 37243-2667

800-332-2667

615-532-4812 *TTD: 800-332-2257*

tn.gov/workerscomp

Workers' Compensation law requires this notice to be posted in a conspicuous place at the work site at all times.

(REV. 4/18) Authorization No. 337545 RDA 10183

SEGURO DE COMPENSACIÓN A TRABAJADORES DE TENNESSEE

PUBLICACIÓN DE AVISO

Cómo informar de lesiones laborales

¿Qué se debe hacer en caso de lesión laboral?

Empleado

1. **Informe** inmediatamente de **la lesión** al representante del empleador indicado aquí abajo.
2. **Seleccione un médico tratante** del panel provisto por su empleador.
3. Si tiene alguna pregunta o problema, comuníquese con el representante de empleadores de la Oficina de Compensación a Trabajadores.

Empleador

1. Complete el formulario interno de su empresa de "Lesión laboral" y **notifique a su aseguradora de compensación a trabajadores** inmediatamente, incluso aunque tenga dudas acerca de la validez de la reclamación.
2. **Ofrezca un panel de médicos** al empleado a través del Formulario C-42, disponible en el sitio web de la Agencia. *En casos de emergencia, llame a una ambulancia y proporcione este formulario en cuanto el empleado lesionado se haya estabilizado.*

_____

Nombre en letra de molde y título *del representante del empleador a ser notificado en caso de una lesión laboral*

_____

Nombre en letra de molde del ***representante del empleador alterno*** *a ser notificado en caso de una lesión laboral*

_____

Número de teléfono *del representante del empleador a ser notificado en caso de una lesión laboral*

_____

Dirección *del representante del empleador a ser notificado en caso de una lesión laboral*

La Oficina de Compensación a Trabajadores de Tennessee está disponible para ayudar a empleados y empleadores.

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Nashville, TN 37243-2667
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La ley de Compensación a Trabajadores exige que se publique este aviso en un lugar visible en el centro de trabajo en todo momento.

(REV. 4/18) Autorización No. 337545 RDA 10183

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

CLAIMS ADM/CARRIER

JURISDICTION CLAIM # (STATE FILE #)

CLAIMS ADM CLAIM # (INSURER CLAIM #)

OSHA LOG CASE #

CLAIM TYPE CODE
- ☐ MED ONLY
- ☐ INDEMNITY
- ☐ BECAME LOST TIME
- ☐ BECAME MED ONLY
- ☐ NOTIFY ONLY
- ☐ TRANSFER

NAME OF INSURANCE CARRIER

CARRIER FEIN

CLAIMS ADMIN FIRM NAME (IF DIFFERENT FROM CARRIER)

FEIN OF CLMS ADM

CLAIMS ADJUSTER NAME

CLMS ADJ PHONE #

THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE TENNESSEE WORKERS' COMPENSATION LAW AND MUST BE COMPLETED AND FILED WITH YOUR INSURANCE CARRIER IMMEDIATELY AFTER NOTICE OF INJURY.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS' COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

IF YOU HAVE QUESTIONS, THE STATE NOW HAS A BENEFIT REVIEW SYSTEM WHERE A WORKERS' COMPENSATION SPECIALIST CAN PROVIDE ASSISTANCE. CALL 1-800-332-2667 (TDD).

CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2

CITY | STATE | ZIP

EMPLOYER

EMPLOYER NAME

EMPLOYER FEIN

SIC CODE

PHONE NUMBER

EMPLOYER ADDRESS LINE 1 AND LINE 2

NATURE OF BUSINESS

CITY | STATE | ZIP

INSURED REPORT #

EMPLOYER LOCATION

POLICY

INSURED NAME (PARENT CO. IF DIFFERENT THAN EMPLOYER)

POLICY NUMBER

SELF INSURED? ☐ YES ☐ NO

EFF DATE

EXP DATE

EMPLOYMENT STATUS CODE
- ☐ FULL TIME/REGULAR
- ☐ PART TIME
- ☐ PIECE WORKER
- ☐ SEASONAL
- ☐ VOLUNTEER
- ☐ APPRENTICE FULL TIME
- ☐ APPRENTICE PART TIME

EMPLOYEE

EMPLOYEE LAST NAME

PHONE INCL AREA CODE

FIRST | MI

DEPARTMENT REGULARLY WORKED

GENDER
- ☐ MALE
- ☐ FEMALE
- ☐ UNKNOWN

ADRRESS LINE 1 & 2

OCCUPATION DESCRIPTION

CITY | STATE | ZIP

MARITAL STATUS
- ☐ UNMARRIED, SINGLE, DIVORCED
- ☐ MARRIED
- ☐ SEPARATED
- ☐ UNKNOWN

NCCI CLASS CODE

SSN | DATE OF BIRTH | DATE OF HIRE

WAGE

WAGE $

PERIOD
- ☐ HOURLY
- ☐ DAILY
- ☐ WEEKLY
- ☐ BI-WEEKLY
- ☐ MONTHLY

NUMBER OF DAYS WORKED PER WEEK

SALARY CONTINUED IN LIEU OF COMPENSATION ☐ YES ☐ NO

FULL WAGES PAID FOR DATE OF INJURY ☐ YES ☐ NO

ACCIDENT/INJURY

DATE OF INJURY

TIME OF INJURY ☐ AM ☐ PM ☐ COULD NOT BE DETERMINED

TIME EMPLOYEE BEGAN WORK ON INJURY DATE ☐ AM ☐ PM

DATE EMPLOYER NOTIFIED OF INJURY

BODY PART AFFECTED CODE

NATURE OF INJURY CODE

CAUSE OF INJURY CODE

DATE CLAIM ADM NOTIFIED OF INJURY

HOW INJURY OR ILLNESS OCCURRED. DESCRIBE THE INCIDENT INCLUDING WHAT THE EMPLOYEE WAS DOING JUST BEFORE, THE PART OF THE BODY AFFECTED AND HOW, AND OBJECT OR SUBSTANCE THAT DIRECTLY HARMED THE EMPLOYEE.

DATE LAST DAY WORKED

DATE DISABILITY BEGAN

RETURN TO WORK DATE (IF APPLICABLE)

DATE OF DEATH (IF APPLICABLE)

IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP
- ☐ WIDOW
- ☐ WIDOWER
- ☐ MOTHER
- ☐ FATHER
- ____ DAUGHTER
- ____ SON
- ____ SISTER
- ____ BROTHER
- ____ HANDICAPPED CHILD

TOTAL # DEPENDENTS

DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES? ☐ YES ☐ NO

ADDRESS WHERE INJURY OCCURRED (IF OTHER THAN EMPLOYER'S PREMISES)

CITY | STATE | ZIP

COUNTY OF INJURY

TREATMENT

PHYSICIAN NAME

HOSPITAL OR OFF SITE TREATMENT NAME

ADDRESS LINE 1 AND 2

ADDRESS LINE 1 AND 2

CITY | STATE | ZIP

CITY | STATE | ZIP

INITIAL TREATMENT
- ☐ NO MEDICAL TREATMENT
- ☐ MINOR BY EMPLOYER
- ☐ MINOR BY CLINIC/HOSPITAL
- ☐ HOSPITALIZED > 24 HRS
- ☐ EMERGENCY CARE
- ☐ FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED

OTHER

DATE PREPARED

PREPARER'S NAME & TITLE

PREPARER'S COMPANY NAME

PHONE NUMBER

UNEMPLOYMENT INSURANCE POSTER FOR EMPLOYEES

Your employer provides insurance to help protect you when you become unemployed through no fault of your own. Tennessee employers pay the full cost of unemployment insurance for their employees. Nothing is deducted from your pay to cover the cost of this insurance nor does any money come from State of Tennessee funds.

To be eligible for benefits you must

- Be separated from employment through no fault of your own.
- Have qualifying wages in the base period.
- Be able and available for work.
- Search for work by making a minimum of three tangible job contacts and documenting during weekly certification process. You may log in to www.Jobs4tn.gov to search for work online.

Failure to make three weekly work searches will result in a loss of benefits unless you are job attached, a member of a hiring union, or attending training approved by the Commissioner.

If you become unemployed you may file for benefits at www.Jobs4tn.gov.

Before beginning the claim filing process, you should have your

- Social Security Number
- Telephone Number
- Address
- Name of county of residence
- Employment data for the last 18 months including employer name and address, and
- Bank routing number and bank account number if you elect to receive benefits by direct deposit; otherwise, you will receive benefits on the Way2Go MasterCard.

You must keep your address current with the Department of Labor and Workforce Development.

Go to www.Jobs4tn.gov to apply for unemployment benefits, to file a wage protest, to file an appeal of an agency decision, to view/update information, and to view and update your choice of type of unemployment benefit payment.

You may log in to www.Jobs4tn.gov to register and search for work by using services offered by our Tennessee American Job Centers. The Tennessee Department of Labor and Workforce Development has staff available to help you find a job or pursue training opportunities.

You may go to the Department's website at http://www.tn.gov/workforce/topic/find-local-help to find the location of the most convenient Tennessee American Job Center.

Please post in a conspicuous place.

The TN Department of Labor and Workforce Development is committed to principles of equal opportunity, equal access, and affirmative action. Auxiliary aids and services are available upon request to individuals with disabilities. Tennessee Relay Service is 711.

(REV. 3/17)

Authorization. No. 337386

TENNESSEE WORKERS' COMPENSATION INSURANCE POSTING NOTICE

The law requires this notice to be posted at the employer's place of business so all employees have access to it.

WHICH EMPLOYERS ARE COVERED BY THE TENNESSEE WORKERS' COMPENSATION ACT?

All employers with five (5) or more full or part-time employees, except as indicated below.
All employers engaged in the mining and production of coal with one (1) or more employees.
All workers in the construction industry unless they are specifically exempted.

WHAT SHOULD AN EMPLOYEE DO IF INJURED AT WORK?

1 . Report the injury to the employer immediately;

2. Select a treating physician from a panel provided by the employer on the form described below. To report an injury contact:

_____

Name of employer representative to notify in event of a work related injury

_____

Telephone number of employer representative to notify in event of a work related injury

_____

Address of employer representative to notify in event of a work related injury

3. If you have questions or problems, contact the Bureau as indicated below.

WHAT SHOULD AN EMPLOYER DO WHEN AN INJURY IS REPORTED?

1. Immediately complete a First Report of Work Injury form and send it to the workers' compensation insurance company or the third party administrator;
   AND,
2. Offer the employee a panel of physicians. The physicians must be provided on the official state form, which is the "AGREEMENT BETWEEN EMPLOYER/EMPLOYEE CHOICE OF PHYSICIAN —Form C-42." Additional instructions are available on the form. The form is available at:
   http://www.tn.gov/assets/entities/labor/attachments/c42.pdf

The Tennessee Bureau of Workers' Compensation has staff available to help both employees and employers. For more information contact:

TENNESSEE BUREAU OF WORKERS' COMPENSATION
220 FRENCH LANDING DRIVE, 1-B
NASHVILLE, TENNESSEE 37243-1002
615-532-4812 OR TOLL FREE 800-332-2667
800-332-2257 (TDD)

http://www.tn.gov/workforce/section/injuries-at-work

LB-0922 (REV. 7/15) Authorization No. 337545 RDA 10183

AVISO DE SEGURO DE COMPENSACIÓN DE TRABAJADORES DE TENNESSEE

La ley exige que se ponga este aviso en un lugar del negocio del empleador para que todos los empleados tengan acceso al mismo.

¿QUÉ EMPLEADORES ESTÁN CUBIERTOS POR LA LEY DE COMPENSACIÓN AL TRABAJADOR DE TENNESSEE?

Todo empleador que tenga cinco (5) o más de cinco empleados de tiempo completo o tiempo parcial, except como se indica a continuación.
Todo empleador que se dedique a la explotación de minas y la producción de carbón que tenga uno (1) o más de un empleado.
Todos los trabajadores de la industria de la construcción a menos que específicamente esten exentos.

¿QUÉ DEBE HACER UN EMPLEADO SI SE LESIONA EN EL TRABAJO?

1. Notificar al empleador de la lesión inmediatamente;

2. Escoger a un médico que le atienda de la lista que le dé el empleador en el formulario descrito abajo. Para notificar una lesión contacte a:

_____
Nombre del representante del empleador para notificar en caso de una lesión relacionada con el trabajo

_____
Número de teléfono del representante del empleador en caso de una lesión relacionada con el trabajo

_____
Dirección del representante del empleador en caso de una lesión relacionada con el trabajo

3. Si tiene alguna pregunta o un problema, contacte a la Oficina como se indica a continuación.

¿QUÉ DEBE HACER EL EMPLEADOR CUANDO SE LE NOTIFICA DE UNA LESIÓN?

1. Llenar inmediatamente el formulario Primera Notificación de Accidente de Trabajo y enviarlo a la compañía de seguro de accidentes de trabajo o al administrador del seguro contra tercera persona; Y
2. Ofrecer al empleado una lista de médicos. Los médicos tienen que ser proporcionados en el formulario oficial del estado, que es el ACUERDO ENTRE EL EMPLEADOR / ELECCIÓN DE MÉDICO DEL EMPLEADO -Forma C -42 . Instrucciones adicionales están disponibles en el formulario. El formulario está disponible en: http://www.tn.gov/assets/entities/labor/attachments/c42.pdf

La Oficina de Compensación de Trabajadores de Tennessee tiene personal disponible para ayudar tanto a los empleados como al empleador. Para mayor información, contacte al:

TENNESSEE BUREAU OF WORKERS´COMPENSATION
220 FRENCH LANDING DRIVE, 1-B
NASHVILLE, TENNESSEE 37243-1002
615-532-4812 O LLAME GRATIS AL 800-332-2667
800-332-2257 (TDD)

http://www.tn.gov/workforce/section/injuries-at-work

LB-0922SP (REV. 7/15)