



# **TOWN OF SIMSBURY WORKERS' COMPENSATION NOTICE TO EMPLOYEES**

## **WORKERS' COMPENSATION ACT**

Chapter 568 of the Connecticut General Statutes requires that the Town of Simsbury provide benefits to you in case of an injury or occupational disease in the course of employment.

Any employee who has sustained an injury in the course of employment shall forthwith notify the employer, or some person representing the employer, of such injury; and, on failure to give such notice the W/C Commissioner may reduce the award of compensation proportionately to any prejudice which the Commissioner finds the employer has sustained by reason of such failure; but the burden of proof with respect to such prejudice shall rest upon the employer. SUCH A REPORT IS NOT A WRITTEN NOTICE OF CLAIM.

**The Insurance Company for the Town of Simsbury is:**

**CIRMA (CT Interlocal Risk Management Agency)  
P.O. Box 9558  
New Haven, CT 06535  
Phone: 800-562-4762 Fax: 203-773-8134**

**The Workers' Compensation Office for this workplace is located at**

**One Lake Street  
New Britain, CT 06052  
827-7180 or 1-800-223-WORK**

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 State of Connecticut Workers' Compensation Commission.

THIS NOTICE MUST BE POSTED IN A CONSPICUOUS PLACE IN EACH PLACE OF EMPLOYMENT. FAILURE TO POST THIS NOTICE WILL SUBJECT THE EMPLOYER TO STATUTORY PENALTY.

Date Posted – April 2013