



State of Connecticut Workers' Compensation Commission

# Notice to Employees

## Workers' Compensation Act

Chapter 568 of the Connecticut General Statutes (the Workers' Compensation Act) requires your employer,  
Town of Waterford & Waterford Board of Education

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." Such an injury report by the employee is NOT an official written notice of claim for workers' compensation benefits. (The Form 30C is necessary to satisfy this requirement.)

The INSURANCE COMPANY or SELF-INSURANCE ADMINISTRATOR is:

Name CIRMA  
Address P.O. Box 9558 Telephone (800) 526-1647  
City/Town New Haven State CT Zip Code 06535

Approved Medical Care Plan  Yes  No

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

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

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).

**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 8/4/14

FIFTEEN ROPE FERRY ROAD



WATERFORD, CT 06385-2886

**Regarding:  
The Initial Care Plan for  
Town of Waterford and Waterford Board of Education**

*Primary and Emergency care may be obtained at the nearest emergency department or center.  
For your convenience the closest primary or emergency care facilities are:*

***PRIMARY CARE CENTER***

**CHARTER OAK WALK-IN MEDICAL CENTER, P.C.**  
324 Flanders Road  
East Lyme, CT 06333  
Telephone: 860-739-6953

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***EMERGENCY CARE***

**LAWRENCE AND MEMORIAL HOSPITAL**  
365 Montauk Avenue  
New London, CT 06320  
Telephone: 860-442-0711

*If you seek medical attention*, your employer will refer you to Charter Oak Walk-In Medical Center, the initial treater designated by the Town of Waterford and Waterford Board of Education; telephone 860-739-6953.

Be sure to tell your medical provider that you have filed a workers' compensation claim. If your claim is verified to be compensable, then your group health insurance company will not make payment.

*Use a network provider.* Your Human Resources Department can assist you in locating a network provider by using the CIRMAcare directory, or you can call 1-800-OK-CIRMA (1-800-652-4762) to obtain this information.

*If your treating physician prescribes medication* for your work related injury or illness, present your **prescription drug card** to a pharmacy listed in the directory of the participating pharmacies. Your Human Resources Department will issue you a prescription drug card and provide you with the directory. With the prescription drug card, you will be able to obtain needed medication from participating pharmacies with **no out-of-pocket expenses**.

Workers' Compensation Carrier: Connecticut Interlocal Risk Management Agency (CIRMA)  
900 Chapel Street, 9<sup>th</sup> Floor  
New Haven, CT 06510-2807  
1-203-946-3700 Telephone  
1-203-773-8134 Fax  
1-877-584-5336 Authorization Phone Number  
[www.ccm-ct.org](http://www.ccm-ct.org)

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**EMPLOYEE TRAINING ACKNOWLEDGEMENT FORM**

**EMPLOYEE NAME:**

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LAST FIRST MI

**I acknowledge that I have received employee information material regarding the Workers' Compensation CIRMicare Managed Care Plan, and that I risk losing my workers' compensation benefits if I do not treat within the designated provider network.**

EMPLOYEE  
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_