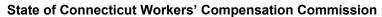
NOTICE

TO EMPLOYEES



(Section 31-279 C.G.S.).

Date Posted:



Revised 10-01-2021

The Workers' Compensation Act (Connecticut General State	tutes Chapter 568) requires your employer,
BROWN UNIVERSITY to provide benefits to you in case of injury or occupational disease in the course of employment.	
An injury report by the employee is NOT an official written notice of claim for workers' compensation benefits; the Workers' Compensation Commission's Form 30C is necessary to satisfy this requirement.	
NOTE: You must comply with P.A. 17-141 (see next box, be	elow) when filing a compensation claim.
The INSURANCE COMPANY or SELF-INSURANCE ADMINISTRATOR is: Name Safety National Casualty Corporation	
Address 1832 Schuetz Road	Telephone (888) 995-5300
City/Town St. Louis	State MO Zip Code 63146
Third Party Administrator: GALLAGHER BASSETT SERVI	CES, INC., (800) 437-1266
	CES, INC., (000) 437-1200
Approved Medical Care Plan ☐ Yes ☐ No	
The State of Connecticut Workers' Compensation Commis	sion office for this workplace is located at:
Address	Telephone
City/Town	State Zip Code
Public Act 17-141 allows an employer the option to designate and post – "in the workplace location where other labor law posters required by the Labor Department are prominently displayed" and on the Workers' Compensation Commission's website [www.state.ct.us] – a location where employees must file claims for compensation. If your employer has listed a location below, you MUST file your compensation claim When filing your claim, you are also required – by law – to send it If blank below, ask your employer where to file your claim. Employer Name Address Telephone	
City/Town	
	State Zip Code

Commission (1-800-223-9675).