

# NOTICE THAT

**Employer:** GRANITE SOLUTIONS GROUP, INC

has complied with the provisions of the Workers' Compensation Act, Title §34A-2-101, Utah Code Annotated, 1997 (as amended), and the rules of the Labor Commission, and has insured the liability to pay the compensation and other benefits provided by said Act by insuring with

**Insurance Carrier** TWIN CITY FIRE INSURANCE COMPANY

**Policy #** 72 WEC EU9030      **Address for the above insurance carrier is:**

NORTHBELT II - 785 GREENS PKWY, STE 210  
HOUSTON, TX 77067-4409  
and telephone number is 800-327-3636

## WORKERS' COMPENSATION

IS INSURANCE WHICH PROTECTS YOU DURING WORK. IF YOU HAVE AN ON-THE-JOB INJURY OR OCCUPATIONAL DISEASE, IT WILL PAY FOR . . . HOSPITAL AND MEDICAL BILLS \* TIME LOST FROM WORK \* PERMANENT LOSS OF BODY FUNCTION \* PROSTHETIC DEVICES \* BURIAL BENEFITS IN DEATH CASES.

### HOW TO REPORT AN ACCIDENT

1. Report the injury - no matter how slight - to your boss immediately. (You may lose your rights if your injury is not reported promptly.)
2. Ask your employer to fill out the employer's first report of injury form. A copy of this report should be given to you and copies should be sent to the Labor Commission and to the insurance company within seven (7) days of the accident.
3. If your employer has a first aid room or company designated doctor, go there promptly for treatment. If not, go to a doctor of your choice.
4. Tell the doctor **HOW, WHEN, and WHERE** the accident happened. The doctor will fill out a medical report form. Copies of the report should be sent within seven (7) days of your visit to (1) the insurance company, (2) the Labor Commission, and (3) you, the employee.

### HOW TO START COMPENSATION

1. Ask your employer which insurance company pays workers' compensation for your company.
2. Ask your doctor to send a medical report to that insurance company.
3. Ask your employer to send a report of accident to that insurance company.
4. Call the insurance company and ask them to start your workers' compensation benefits. The insurance company will require the doctor's report, employer's report, and may ask you to fill out a request for compensation.

### REHABILITATION

IF YOU CANNOT RETURN TO YOUR JOB, YOU MAY BE ELIGIBLE FOR A REHABILITATION PROGRAM - CALL YOUR INSURANCE CARRIER AS LISTED ABOVE.

### FRAUD

"For your protection, Utah law requires the following to appear on this form, any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

### STATE OF UTAH

### LABOR COMMISSION

160 EAST 300 SOUTH, P.O. BOX 146610, SALT LAKE CITY UT 84114-6610  
(801) 530-6800 - (800) 530-5090 - (801) 530 7685 TDD

If you want an Employee's Guide to Workers' Compensation or have questions, call the Labor Commission at the above listed numbers.

**NOTE:** This notice must be posted and kept continuously posted in a public and conspicuous place in the office, shop, or place of business of the employer as per §34A-2-204, Utah Code Annotated, 1997.

