Workers’ compensation is a type of insurance coverage that employers must provide to their employees. The cost of workers’ compensation insurance is paid entirely by the employer and may not be deducted from an employee’s wages.

If you are injured or sustain an occupational disease while at work, you may be entitled to compensation benefits as provided by law. **WRITTEN NOTICE MUST BE GIVEN TO YOUR EMPLOYER WITHIN 4 WORKING DAYS OF THE ACCIDENT.** If you don’t report your injury or occupational disease promptly your benefits may be reduced.

If you are unable to work as the result of a work-related injury or occupational disease, compensation (wage replacement) benefits will be based on 2/3 of your average weekly wage up to a maximum set by law. No compensation is payable for the first 3 days’ disability unless the period of disability exceeds two weeks.

You are entitled to reasonable and necessary medical treatment of compensable injuries or occupational diseases. If you notify your employer of an injury or occupational disease and are not offered medical care, you may select the services of a licensed physician or chiropractor.

You may file a Worker’s Claim for Compensation with the Division of Workers’ Compensation. To obtain forms or information regarding the workers’ compensation system, you may call Customer Service at 303.318.8700, or visit our website at: www.coworkforce.com/dwc/.

**COLORADO DIVISION OF WORKERS’ COMPENSATION**

633 17TH Street, Suite 400, Denver, CO 80202-3660

Any information provided below comes from your employer and is specific to this place of employment:

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If you are injured or sustain an occupational disease while at work, you may be entitled to compensation benefits as provided by law. WRITTEN NOTICE MUST BE GIVEN TO YOUR EMPLOYER WITHIN 4 WORKING DAYS OF THE ACCIDENT. If you fail to report your injury or occupational disease promptly, Loss of Benefit penalties may be assessed against you. No compensation is payable for the first 3 days’ disability unless the period of disability exceeds two weeks. Thereafter, the compensation rate while disabled is 2/3 of your average weekly wage, subject to a statutory maximum determined annually as provided by law.

You are entitled to reasonable and necessary medical, surgical and hospital treatment for treatment of injuries or occupational diseases. In all cases of injury, the employer or insurer has the right in the first instance to select the physician. If a physician is not designated by the employer or insurer, you may select the services of a licensed physician or chiropractor.

You are hereby notified that if a child support obligation is owed, compensation benefits may be attached and payment of the child support obligation may be withheld and forwarded to the obligee pursuant to sections 8-42-124 and 26-13-122(4), C.R.S. The physicians designated by your employer’s insurance carrier are:

**MEDICAL PROVIDERS**

**Centura Centers for Occupational Medicine**
Occupational Medicine Clinic
3010 N Circle, Ste 112
Colorado Springs, CO 80909
719-776-4800

**Premier Urgent Care**
Premier Occupational Medicine
Occupational Medicine Clinic
8115 Voyager Pkwy
Colorado Springs, CO 80920
719-203-3300

**Concentra Medical Center**
Occupational Medicine Clinic
4323 Integrity Center Point
Colorado Springs, CO 80917
719-591-2558

**Integrity Urgent Care**
Urgent Care Clinic
719-592-1584

**HOSPITALS**

**Penrose Hospital**
Hospital: General Acute Care
2222 N Nevada Ave
Colorado Springs, CO 80907
719-776-5000

In addition to any reports the employer is required to file, an injured employee may file his own claim for compensation and medical benefits in order to protect his future rights. To obtain claim forms or if your compensation is not paid promptly during your disability, or if you wish any information concerning your rights under the Workers’ Compensation Act, write the Colorado Division of Workers’ Compensation, 633 17th Street, Suite 400, Denver, CO, 80202-3660, giving your name as it appears on the payroll, your social security number, the name of your employer, and the date of your accident. To obtain further information you may call Customer Service at 303.318.8700.

Your employer’s insurer is. Tell your doctor to submit bills to or call with questions.

Provider information is subject to change. When making appointments, please confirm the provider’s information. Additional providers may be available. Ask your supervisor for information on how to obtain a complete list of providers in your area.

Use of a network provider does not confirm or verify compensability under the Workers’ Compensation Act. Your employer or your employer’s claims administrator makes that determination.
WARNING

IF YOU ARE INJURED ON THE JOB, WRITTEN NOTICE OF YOUR INJURY MUST BE GIVEN TO YOUR EMPLOYER WITHIN FOUR WORKING DAYS AFTER THE ACCIDENT, PURSUANT TO SECTION 8-43-102(1) AND (1.5), COLORADO REVISED STATUTES.

IF THE INJURY RESULTS FROM YOUR USE OF ALCOHOL OR CONTROLLED SUBSTANCES, YOUR WORKERS’ COMPENSATION DISABILITY BENEFITS MAY BE REDUCED BY ONE-HALF IN ACCORDANCE WITH SECTION 8-42-112.5, COLORADO REVISED STATUTES.
AVISO
SI SE LASTIMA EN EL TRABAJO, DEBE DARLE UN AVISO POR ESCRITO A SU EMPLEADOR DENTRO DE CUATRO DÍAS LABORABLES DEL ACCIDENTE, SEGÚN A LA SECCIÓN DE LOS ESTATUOS REVISADOS DE COLORADO 8-43-102(1) Y (1.5).

SI EL ACCIDENTE RESULTA DEBIDO AL USO DE ALCOHOL O UNA SUSTANCIA CONTROLADA, SUS BENEFICIOS DE LA INCAPACIDAD DE LA COMPENSACIÓN DE LOS TRABAJADORES PUEDEN SER REDUCIDOS POR UN MEDIO EN ACUERDO DE LA SECCIÓN DE LOS ESTATUOS REVISADOS DE COLORADO 8-42-112.5.

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