

WORKERS' COMPENSATION



is a system of benefits provided by law to most workers who have job-related injuries or illnesses. Benefits are paid for injuries that are caused, in whole or in part, by an employee's work. This may include the aggravation of a pre-existing condition, injuries brought on by the repetitive use of a part of the body, heart attacks, or any other physical problem caused by work. Benefits are paid regardless of fault.

IF YOU HAVE A WORK-RELATED INJURY OR ILLNESS, TAKE THE FOLLOWING STEPS:

- 1. GET MEDICAL ASSISTANCE.** By law, your employer must pay for all necessary medical services required to cure or relieve the effects of the injury or illness. Where necessary, the employer must also pay for physical, mental, or vocational rehabilitation, within prescribed limits. The employee may choose two physicians, surgeons, or hospitals. If the employer notifies you that it has an approved Preferred Provider Program for workers' compensation, the PPP counts as one of your two choices of providers.
- 2. NOTIFY YOUR EMPLOYER.** You must notify your employer of the accidental injury or illness within 45 days, either orally or in writing. To avoid possible delays, it is recommended the notice also include your name, address, telephone number, Social Security number, and a brief description of the injury or illness.
- 3. LEARN YOUR RIGHTS.** Your employer is required by law to report accidents that result in more than three lost work days to the Workers' Compensation Commission. Once the accident is reported, you should receive a handbook that explains the law, benefits, and procedures. If you need a handbook, please call the Commission or go to the Web site.

If you must lose time from work to recover from the injury or illness, you may be entitled to receive weekly payments and necessary medical care until you are able to return to work that is reasonably available to you.

It is against the law for an employer to harass, discharge, refuse to rehire or in any way discriminate against an employee for exercising his or her rights under the Workers' Compensation or Occupational Diseases Acts. If you file a fraudulent claim, you may be penalized under the law.

- 4. KEEP WITHIN THE TIME LIMITS.** Generally, claims must be filed within three years of the injury or disablement from an occupational disease, or within two years of the last workers' compensation payment, whichever is later. Claims for pneumoconiosis, radiological exposure, asbestosis, or similar diseases have special requirements.

Injured workers have the right to reopen their case within 30 months after an award is made if the disability increases, but cases that are resolved by a lump-sum settlement contract approved by the Commission cannot be reopened. Only settlements approved by the Commission are binding.

For more information, go to the Illinois Workers' Compensation Commission's Web site or call any office:

Toll-free: 866/352-3033 Chicago: 312/814-6611 Peoria: 309/671-3019 Springfield: 217/785-7087
Web site: www.iwcc.il.gov Collinsville: 618/346-3450 Rockford: 815/987-7292 TDD (Deaf): 312/814-2959

BY LAW, EMPLOYERS MUST DISPLAY THIS NOTICE IN A PROMINENT PLACE IN EACH WORKPLACE AND COMPLETE THE INFORMATION BELOW.

Party handling workers' compensation claims	Hartford Insurance Company of the Midwest		
Business address	4245 Meridian Parkway Aurora IL 60504		
Business phone	(800) 327-3636		
Effective date	01/01/2025	Termination date	01/01/2026
Policy number	83 WE BT9716	Employer's FEIN	36-2182099

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NOTICE

WORKERS' COMPENSATION ACCIDENT REPORTING

**You Have Workers' Compensation Insurance
with
THE HARTFORD**

**WHEN AN EMPLOYEE IS INJURED ON THE JOB, OR
DOES NOT REPORT FOR WORK:**

- 1. Inquire as to cause of absence, if unknown.**
- 2. If employee is injured on the job, or, if absence may be due to injury or illness related to employment:**
 - a. Provide proper medical attention.**
 - b. Complete the Employer's First Report of Injury or Disease form in duplicate at once. This form can be obtained from the following website: dwd.wisconsin.gov/dwd/forms/wkc/WKC_12_E.htm.**
 - c. Mail original immediately to:**

Hartford Casualty Insurance Company
4245 Meridian Parkway
Aurora IL 60504

- d. If employee is, or will be, off work more than three days, mail copy to:**

**Department Of Workforce Development
Workers' Compensation Division
P.O. Box 7901
Madison, Wisconsin 53707-7901**