

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:

TWIN CITY FIRE INSURANCE COMPANY
ONE HARTFORD PLAZA
HARTFORD CT 06155
 - 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