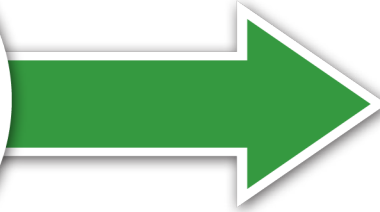




**Print It**



**Post It**

This notice is a new additional panel that will be added on to the labor law poster. The PDF update will not fit over the existing poster. To continue your compliance, simply print the update and post it next to your labor law poster.

**Important Note:**

We do our best to always fit revised notices over your labor law posters. The content added is a new panel which will not fit over your existing poster. Please post next to your complete labor law poster to maintain readability and compliance.

If you have questions about this update or any other update, please contact us at [ecompliance@laborlawcenter.com](mailto:ecompliance@laborlawcenter.com) or call 1-800-745-9970.

**Thank you for choosing the e-Compliance™ Plan to guarantee your compliance!**

LaborLawCenter, Inc. does not assume responsibility for the use, actions, or decisions made by the employer. LaborLawCenter, Inc. is not providing any legal advice or legal opinion by selling this poster. It is highly recommended that you consult with a legal advisor for your specific situation. The content on the poster(s) is for informational purposes only and should not take the place of formal training.

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT  
DIVISION OF WORKERS' COMPENSATION

# NOTICE



**IF YOU ARE INJURED ON THE  
JOB, YOU HAVE RIGHTS UNDER  
THE COLORADO WORKERS'  
COMPENSATION ACT. YOUR  
EMPLOYER IS REQUIRED BY LAW TO  
HAVE WORKERS' COMPENSATION  
INSURANCE. THE COST OF THE  
INSURANCE IS PAID ENTIRELY**

**BY YOUR EMPLOYER. IF YOUR EMPLOYER DOES NOT HAVE WORKERS' COMPENSATION INSURANCE, YOU STILL HAVE RIGHTS UNDER THE LAW. IT IS AGAINST THE LAW FOR YOUR EMPLOYER TO HAVE A POLICY CONTRARY TO THE REPORTING REQUIREMENTS SET FORTH IN THE COLORADO WORKERS' COMPENSATION ACT. YOUR**

# EMPLOYER IS INSURED THROUGH:

(Please write or type your insurance carrier name and contact information here.)

**IF YOU ARE INJURED ON THE JOB,  
NOTIFY YOUR EMPLOYER AS SOON  
AS YOU ARE ABLE, AND REPORT  
YOUR INJURY TO YOUR EMPLOYER  
IN WRITING WITHIN 10 DAYS**

**AFTER THE INJURY. IF YOU DO NOT REPORT YOUR INJURY PROMPTLY, YOU MAY STILL PURSUE A CLAIM. ADVISE YOUR EMPLOYER IF YOU NEED MEDICAL TREATMENT. IF YOU OBTAIN MEDICAL CARE, BE SURE TO REPORT TO YOUR EMPLOYER AND HEALTH-CARE PROVIDER HOW, WHEN, AND WHERE THE INJURY OCCURRED. 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, THE CUSTOMER SERVICE CONTACT INFORMATION FOR THE DIVISION OF WORKERS' COMPENSATION IS:



Division of Workers' Compensation  
633 17th Street, Suite 400  
Denver, CO 80202



303-318-8700  
1-888-390-7936 (Toll-Free)  
[cdle.colorado.gov/dwc](http://cdle.colorado.gov/dwc)

