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These PDF updates are sized to fit over the existing notices on your poster. Print the PDFs (for best results, choose "No scaling" or "Actual size" on your printer's settings). Simply cut them out following the dotted lines and then fit the updated posters over the existing notices with your choice of application. Posting these updates now will guarantee your compliance with the most up-to-date labor laws.

If you have questions about this update or any other update, please contact us at 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.

WORKERS' COMPENSATION MANAGED CARE ORGANIZATION

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

MANAGED CARE ORGANIZATION PROCEDURES OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

**WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY
TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY,
AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.**

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

The insurance company providing coverage for this business under the
Workers' Compensation Law is:

Insurer Name

address

phone



Your employer has enrolled with the certified Workers' Compensation Managed Care Organization (WC/MCO) listed below to provide all the necessary medical treatment for workers' compensation injuries. The effective date is shown below. If you had an injury prior to the effective date listed below you may continue to receive treatment from your current non-participating authorized physician until you elect to utilize the services of the WC/MCO.

Each employee will be furnished with a publication which explains in detail how to access the services of the WC/MCO and provides a complete list of the medical providers available. In addition, each employee will be given a wallet-sized card which contains information on the services of the WC/MCO including a 24-hour toll-free phone number with recorded messages of information on how to utilize these services.

NAME OF WC/MCO _____

MAILING ADDRESS _____

GEOGRAPHICAL SERVICE AREA _____

NAME OF CONTACT PERSON _____

PHONE NUMBER OF CONTACT PERSON _____

ADDRESS OF CONTACT PERSON _____

24 HOUR TOLL-FREE PHONE NUMBER _____

EFFECTIVE DATE OF WC/MCO _____

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <https://sbwc.georgia.gov>

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. § 34-9-18 and § 34-9-19).

WC-P3 (7/2022)