Please review the form (on reverse) for the submission
NOTE OF COMPLIANCE

TO EMPLOYEES

IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE INJURED OR SUFFER AN OCCUPATIONAL DISEASE WHILE WORKING.

1. By posting this notice and information concerning your rights as an injured worker, your employer is in compliance with the Workers' Compensation Law.
2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.
3. You are entitled to obtain any necessary medical treatment and should do so immediately.
4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.
5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.
6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.
7. You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.
8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.
9. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

NAME OF EMPLOYER

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD
ESTADO DE NUEVA YORK - JUNTA DE COMPENSACION OBRERA

NYS Workers’ Compensation Board
Centralized Mailing
PO Box 5205
Binghamton, NY 13902-5205
Customer Service Line: 877-632-4996

Chair/Presidente
Workers’ Compensation Board

Effective From 09/01/2022 To cancellation
(En Vigor Desde) (Hasta cancelación)
Policy No. 2230 463-8

Name of employer (Nombre de patrono)

CSR OF DUTCHESS- REGIONAL MAIN DEPOSITORY
60 LIBERTY STREET BEACON NY 12508

Failure by an employer to post this notice in and about the employer's place or places of business may result in a $250 penalty for each violation.

Failure by an employer to post this notice in and about the employer's place or places of business may result in a $250 penalty for each violation.

C-105 (9-17) U30SIF

Failure by an employer to post this notice in and about the employer's place or places of business may result in a $250 penalty for each violation.

Failure by an employer to post this notice in and about the employer's place or places of business may result in a $250 penalty for each violation.

Failure by an employer to post this notice in and about the employer's place or places of business may result in a $250 penalty for each violation.

Failure by an employer to post this notice in and about the employer's place or places of business may result in a $250 penalty for each violation.