Please review the form (on reverse) for the submission
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 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.
4. 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.
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.
8. You are entitled to be represented by an attorney or licensed representative, but is it 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. 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.
10. Your employer is in compliance with the Workers’ Compensation Law when despliega este comunicado concerniente a sus derechos como trabajador lesionado.

Workers’ Compensation Benefits, when due, will be paid by (Los beneficios de Compensacion Obrera, cuando debidos, seran pagados por):

NYSIF
Centralized Mailing
PO Box 5205
Binghamton, NY 13902-5205
Customer Service Line: 877-632-4996

Chair/Presidente
Workers’ Compensation Board

Name of employer (Nombre de patrono)

CSR of Manhattan-
Regional Main Depository
1011 1st Ave New York NY 10022

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER’S PLACE OR PLACES OF BUSINESS.