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WCA POSTER (BOTTOM)
PART 2 OF 2

YOUR RIGHTS

If you are injured in a work-related accident:
Your employer / insurer must pay all reasonable and necessary medical costs.
You may or may not have the right to choose your health care provider. If your employer / insurer has not given you written instructions about who chooses first, call an ombudsman. In an emergency get emergency medical care first.
If you are off work for more than seven days, your employer / insurer must pay wage benefits to partially offset your lost wages.
If you suffer "permanent impairment," you may have the right to receive partial wage benefits for a longer period of time.

Ombudsmen are located at the following offices:

Albuquerque:	Farmington:	Hobbs:	Las Cruces:	Las Vegas:	Roswell:	Santa Fe:
1-866-967-5667	1-800-568-7310	1-800-934-2450	1-800-870-6826	1-800-281-7889	1-866-311-8587	1-505-476-7381
1-505-841-6000	1-505-599-9746	1-575-397-3425	1-575-524-6246	1-505-454-9251	1-575-623-3997	

SUS DERECHOS

Si se lastima en el trabajo:
Su empleador / asegurador debe de pagar por los gastos médicos necesarios y razonables.
Es posible que usted tenga, o no tenga, el derecho de escoger el proveedor de servicios para la salud. Si su empleador / asegurador no le ha dado instrucciones por escrito de quien es él que selecciona primero, pregúntele o llame a un ombudsman. En una emergencia, obtenga asistencia médica de emergencia primero.
Si usted está fuera del trabajo por más de siete días, su empleador / asegurador debe de hacerle un pago compensatorio de prestaciones para compensar parcialmente la pérdida de su salario.
Si usted sufre "daño permanente," usted puede tener el derecho a recibir prestaciones parciales de salario por un periodo de tiempo más largo.

If You Need HELP Call:

Ask for an Ombudsman

Si Usted Necesita Ayuda Llame Al:

Pregunte por un Ombudsman

1 - 8 6 6 - W O R K O M P (1-866-967-5667)

Visit our website at: <https://workerscomp.nm.gov>

For FREE copies of this poster and Notice of Accident Forms call: 1-866-967-5667

USE A NOTICE OF ACCIDENT FORM TO REPORT YOUR ACCIDENT TO YOUR SUPERVISOR

EMPLOYER: You are required by law to post this poster where your employees can read it and to post Notice of Accident forms with it.
This poster without Notice of Accident forms does not comply with law.
You have other rights and duties under the law.

New Mexico Workers' Compensation
2410 Centre Avenue, Albuquerque, New Mexico 87106
P.O. Box 27198, Albuquerque, New Mexico 87125-7198