

NOTICE

Workers' Compensation Reinstatement Rights

VERMONT LAW REQUIRES POSTING OF THIS NOTICE

21 VSA §643b Reinstatement; seniority and benefits protected

This law provides that an employer who regularly employs **ten or more** people (at least 10 of whom work more than 15 hours a week), has an obligation to rehire a worker who has suffered a work related injury **provided** that the following conditions are met:

1. The worker recovers from the injury within two (2) years of the onset of disability; and
2. The worker keeps the employer informed of his or her interest in reinstatement and his or her current mailing address; and
3. The worker had an expectation of continuing work had the injury not occurred; and
4. The worker is physically capable of performing either his or her prior job, if available, or an alternative suitable position.

Reinstatement must be with all benefits earned up to the date of injury, including both seniority and accrued leave time. Obviously, such benefits need not accrue **during** the period of actual disability.

Please note that the right to reinstatement applies only to the first **available** suitable job. Thus, the employer is not obligated either to create an "extra" position for a returning worker or to lay-off a current employee in order to comply with this law.

Should you have questions regarding the above, please contact the Vermont Department of Labor, Workers' Compensation and Safety Division at 802-828-2286 or our website: www.labor.vermont.gov.

www.labor.vermont.gov

FOR FURTHER INFORMATION CONTACT:

Vermont Department of Labor
P. O. Box 488
Montpelier, Vermont 05601-0488

Email: LABOR.WCComp@vermont.gov

Telephone: (802) 828-2286

TDD: (800) 650-4152

Fax: (802) 828-2195





POSTING OF SAFETY RECORDS NOTICE TO EMPLOYEES

Under Vermont law (21 V.S.A. §691a) all Vermont employers must advise their employees of where they may review the employer's record of workplace safety, including workplace injury and illness. The employer's data shall be available for review by any employee and by the Commissioner of Labor, but this information shall not otherwise be public information.

The employer's data is available at:

(Location)

Employer Contact:

(Name)

Work Telephone: _____

Email: _____

For more information, contact the Vermont Department of Labor at (802) 828-2286.

(Rev. 09/14)



Employer's Liability and Workers' Compensation

NOTICE TO EMPLOYEES

This employer, NORWICH UNIVERSITY, has complied with the provisions of Title 21 of the Vermont Statutes, Annotated §687, by obtaining Workers' Compensation Insurance coverage through:

MEMIC Indemnity Company

(Insurance Carrier)

Workers' Compensation benefits for lost time, medical expenses, disability or death because of a work-related injury are available through the above named company.

- An injured employee **MUST** immediately notify his/her employer of an injury.
- The employer **MUST** file an Employee Claim and Employer's First Report of Injury (Form 1) with the Vermont Department of Labor within 72 hours of the notice of an injury that requires medical attention or results in time lost from work. The employer must also provide a copy of the Form 1 to the injured worker and to the insurance carrier.
- If the employer fails to file a First Report, an employee may file a **Notice of Injury and Claim for Compensation** (Form 5) with the Vermont Department of Labor within six months of the date of injury.
- Information concerning injured worker rights and benefits is available on the department's Workers' Compensation website at **<http://www.labor.vermont.gov>** or by calling (802) 828-2286.

Equal Opportunity is the Law

The State of Vermont is an Equal Opportunity/Affirmative Action Employer. Applications from women, individuals with disabilities, and people from diverse cultural backgrounds are encouraged. Auxiliary aids and services are available upon request to individuals with disabilities. 711 (TTY/Relay Service) or 802-828-4203 TDD (Vermont Department of Labor).

ESTADO DE VERMONT
Responsabilidades de la Empresa Contratante & Indemnización
por Accidentes Laborales (*Workers' Compensation*)

NOTIFICACIÓN A LOS EMPLEADOS

ESTA EMPRESA CONTRATANTE, NORWICH UNIVERSITY
HA CUMPLIDO CON LAS DISPOSICIONES DEL TÍTULO 21 DE LOS ESTATUTOS DEL
ESTADO DE VERMONT, ANOTADAS EN LA §687, ASEGURÁNDOSE BAJO UNA PÓLIZA
DE SEGURO CONTRA ACCIDENTES LABORALES EMITIDA POR:

MEMIC Indemnity Company

(COMPAÑÍA DE SEGUROS)

EL EMPLEADO DE ESTA COMPAÑÍA TIENE DERECHO A SER INDEMNIZADO POR EL TIEMPO PERDIDO, GASTOS MÉDICO GENERADOS, INCAPACIDAD SUFRIDA O LA MUERTE, SI ÉSTOS FUESEN ATRIBUIBLES A UNA LESIÓN RELACIONADA CON SU TRABAJO.

- **LA LESIÓN SUFRIDA TENDRÁ QUE SER REPORTADA INMEDIATAMENTE A LA COMPAÑÍA CONTRATANTE POR EL EMPLEADO LESIONADO.**
- **LA EMPRESA CONTRATANTE TENDRÁ QUE REMITIR UNA RECLAMACIÓN A NOMBRE DEL EMPLEADO Y PRESENTAR EL PRIMER REPORTE DE UNA LESIÓN EN EL FORMULARIO CORRESPONDIENTE (FORMULARIO 1) ANTE EL MINISTERIO DE ASUNTOS LABORALES (*THE DEPARTMENT OF LABOR*), POR CONCEPTO DE CUALQUIER LESIÓN QUE REQUIERA ATENCIÓN MÉDICA O QUE RESULTARA EN LA PÉRDIDA DE TIEMPO LABORAL. LA EMPRESA TENDRÁ QUE REMITIR DICHA RECLAMACIÓN Y REPORTE DENTRO DE 72 HORAS DESPUÉS DE HABER RECIBIDO NOTIFICACIÓN DE LA LESIÓN. LA EMPRESA CONTRATANTE TAMBIÉN LE TENDRÁ QUE PROPORCIONAR UNA COPIA DEL FINALIZADO FORMULARIO 1 AL EMPLEADO LESIONADO Y A LA COMPAÑÍA DE SEGUROS.**
- **SI LA EMPRESA CONTRATANTE NO CUMPLIERA CON LA PRESENTACIÓN DEL PRECITADO PRIMER REPORTE, EL EMPLEADO PODRÁ LLENAR Y REMITIR EL FORMULARIO 5 TITULADO NOTIFICACIÓN DE LESIÓN Y RECLAMACIÓN PARA INDEMNIZACIÓN (NOTICE OF INJURY AND CLAIM FOR COMPENSATION—FORM 5) ANTE EL MINISTERIO DE ASUNTOS LABORALES E INDUSTRIALES DENTRO DE SEIS MESES, CONTADOS A PARTIR DE LA FECHA DE LA LESIÓN.**
- **SI DESEA INFORMACIÓN REFERENTE A LOS DERECHOS Y BENEFICIOS DEL EMPLEADO LESIONADO VISITE EL SITIO WEB DE SEGURO CONTRA ACCIDENTES LABORALES <http://labor.vermont.gov/workers-compensation> O SÍRVASE LLAMAR AL (802) 828-2286 O TTD 800-650-4152.**

FORMULARIO 31 6/2017

ETAT DU VERMONT

RESPONSABILITE DE L'EMPLOYEUR ET INDEMNITES SALARIALES

AVIS AUX EMPLOYES

CET EMPLOYEUR, NORWICH UNIVERSITY, EST
EN CONFORMITE AVEC LES TERMES DE L'ARTICLE 21 DES STATUTS DE L'ETAT DU
VERMONT #687, ET A CONTRACTE UNE ASSURANCE D'INDEMNITE SALARIALE AVEC :

MEMIC Indemnity Company

(NOM DE L'ASSUREUR)

CETTE COMPAGNIE OFFRE DES INDEMNITES SALARIALES DE COMPENSATION EN CAS
DE PERTE DE TEMPS DE TRAVAIL, FRAIS MEDICAUX, HANDICAP OU DECES
CONSECUTIFS A UN ACCIDENT DU TRAVAIL.

- UN EMPLOYE BLESSE DOIT AVERTIR IMMEDIATEMENT SON EMPLOYEUR DE SON ACCIDENT.
- L'EMPLOYEUR DOIT DECLARER LA PLAINTE DE L'EMPLOYE AINSI QUE DEPOSER « LE PREMIER RAPPORT DE L'EMPLOYEUR » CONCERNANT L'ACCIDENT (FORMULAIRE 1) AUPRES DU DEPARTEMENT DU TRAVAIL ET DE L'INDUSTRIE, POUR TOUTE BLESSURE NECESSITANT DES SOINS MEDICAUX, OU AYANT POUR CONSEQUENCE LA PERTE DE TEMPS DE TRAVAIL. CETTE DECLARATION DOIT ETRE FAITE DANS LES 72 HEURES QUI SUIVENT LA NOTIFICATION DE L'ACCIDENT OU DE LA MALADIE.
- SI L'EMPLOYEUR NE DEPOSE PAS UN « PREMIER RAPPORT », L'EMPLOYE A LA POSSIBILITE DE FAIRE UNE DECLARATION « NOTIFICATION DE BLESSURE ET DEMANDE D'INDEMNITE » (FORMULAIRE #5) AUPRES DU DEPARTEMENT DU TRAVAIL ET DE L'INDUSTRIE, DANS LES SIX MOIS QUI SUIVENT LA DATE DE L'ACCIDENT.
- DES RENSEIGNEMENTS CONCERNANT LES DROITS D'UN EMPLOYE VICTIME D'UN ACCIDENT DU TRAVAIL PEUVENT ETRE OBTENUS AUPRES DU DEPARTEMENT DU TRAVAIL ET DE L'INDUSTRIE EN APPELANT LE NUMERO SUIVANT : (802) 828-2286 OU TDD (800) 650-4152