

STATE OF ILLINOIS

NOTICE TO EMPLOYEES

**(EMPLOYERS ARE REQUIRED TO POST THIS NOTICE IN
A CONSPICUOUS PLACE FOR ALL EMPLOYEES.)**

Workers' Compensation and Occupational Disease claims are handled by the Industrial Commission, 100 West Randolph St., 8th Floor, Chicago, IL 60601.

If an employee suffers (a) an accidental injury, or (b) disablement as the result of occupational disease arising out of and in the course of his employment:

Get Medical Assistance. The employer must provide and pay for all necessary medical and surgical services reasonably required to cure or relieve from the effects of the accidental injury. The employee may elect to secure his own physician, surgeon and hospital services at the employer's expense. However, he is limited to two doctors of his choice but no limit on the number of referral doctors. The employer must also provide and pay for reasonable and necessary vocational retraining.

Notify Your Employer immediately, but not later than 45 days, either orally or in writing of the following:

1. His (employee's) name, address, and social security number.
2. The date, time and place of the accident or disablement.
3. Brief description of the accident or cause of injury.
4. Nature of injury, disablement, disease, or illness.

The injured employee must be provided with a Handbook outlining the rights and benefits of the Workers' Compensation Act.

TIME LIMIT FOR FILING

Applications for compensation benefits, in most cases, should be filed within 3 years of the death, accidental injury or disablement from occupational disease or within 2 years of the last compensation payment, whichever is later. Claims for Black Lung must be filed within 5 years of last exposure or payment of compensation. Claims for disablement from radiological or asbestos exposure must be filed within 25 years of exposure.

SETTLEMENT AND LUMP SUM AGREEMENTS

The injured person has the right to have his case reopened within 30 months on the ground the disability has increased, but EMPLOYEES should know that a case settled by lump sum agreement approved by the Industrial Commission cannot be reopened. Any agreement not approved by the Industrial Commission is not binding nor final.

WORKERS' COMPENSATION INSURANCE CARRIER OR SERVICE COMPANY

Name: Cannon Cochran Management Services, Inc.

Address: 3333 Warrenville Rd., Suite 550, Lisle, IL 60532

Policy No. _____

Eff. Date: _____

Term. Date: _____

Employer's FEIN# _____

FOR FURTHER INFORMATION, call or write INDUSTRIAL COMMISSION of ILLINOIS, 100 West Randolph St., 8th Floor, Chicago, IL 60601, Telephone: 312-814-6500.