

# MARYLAND

## WORKERS' COMPENSATION

### Job Related Accidental Personal Injury or Occupational Disease?

If you are disabled and unable to work for more than three (3) days, your employer's workers' compensation insurance company may pay your medical bills and other expenses and replace two-thirds (2/3) of your salary (limited to the maximum set by law).

### If you are injured on the job:

1. Notify your employer or supervisor at once. You cannot receive full benefits unless your employer knows you are injured.
2. Tell the doctor who treats you that you were hurt on the job.
3. Complete an Employee's Claim Form C-1 (available by phone or on the Commission's website) and send it to us as soon as possible.

Note: Withholding information or giving false information about any work-related activity or return to work could prevent you from receiving benefits and may subject you to fines, imprisonment or both.

Employer/Empleador \_\_\_\_\_

Business Address/Dirección \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Ciudad/Estado/Código Postal \_\_\_\_\_

Federal Employer ID (FEIN) \_\_\_\_\_

Identificación Federal Del Empleador \_\_\_\_\_

Telephone Number/Número Telefónico \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

La Compañía de Seguro \_\_\_\_\_

Insurance Company Telephone \_\_\_\_\_

Telefónico de la Compañía de Seguro \_\_\_\_\_

MD WCC Form C-24 11/2007 \_\_\_\_\_



## Regular Paydays for Employees of

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(Company Name)

**Shall be as follows:**

Weekly       Bi-Weekly       Monthly       Other \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

