INJURY ON THE JOB



COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT **DIVISION OF WORKERS' COMPENSATION**



IF YOU ARE INJURED ON THE JOB, YOU HAVE RIGHTS UNDER THE COLORADO WORKERS' **COMPENSATION ACT. YOUR EMPLOYER IS REQUIRED BY** LAW TO HAVE WORKERS' **COMPENSATION INSURANCE. THE**

COST OF THE INSURANCE IS PAID ENTIRELY BY YOUR EMPLOYER. IF YOUR EMPLOYER DOES NOT HAVE WORKERS' COMPENSATION **INSURANCE, YOU STILL HAVE** RIGHTS UNDER THE LAW.

IT IS AGAINST THE LAW FOR YOUR **EMPLOYER TO HAVE A POLICY CONTRARY TO THE REPORTING**

REQUIREMENTS SET FORTH IN THE COLORADO WORKERS' **COMPENSATION ACT. YOUR EMPLOYER IS INSURED THROUGH:**

(Please write or type your insurance carrier name and contact information here.)

IF YOU ARE INJURED ON THE JOB, **NOTIFY YOUR EMPLOYER AS SOON** AS YOU ARE ABLE, AND REPORT YOUR INJURY TO YOUR EMPLOYER **IN WRITING WITHIN 10 DAYS** AFTER THE INJURY. IF YOU DO NOT REPORT YOUR INJURY PROMPTLY, YOU MAY STILL PURSUE A CLAIM. **ADVISE YOUR EMPLOYER IF YOU**

NEED MEDICAL TREATMENT. IF YOU OBTAIN MEDICAL CARE, BE SURE TO REPORT TO YOUR EMPLOYER AND HEALTH-CARE PROVIDER HOW, WHEN, AND WHERE THE INJURY OCCURRED. YOU MAY FILE A WORKER'S CLAIM FOR **COMPENSATION WITH THE DIVISION** OF WORKERS' COMPENSATION. TO

INJURY ON THE JOB (Continued)

OBTAIN FORMS OR INFORMATION REGARDING THE WORKERS' COMPENSATION SYSTEM, THE CUSTOMER SERVICE CONTACT INFORMATION FOR THE DIVISION OF **WORKERS' COMPENSATION IS:**



Division of Workers' Compensation 633 17th Street, Suite 400 **Denver, CO 80202**



303-318-8700 1-888-390-7936 (Toll-Free) cdle.colorado.gov/dwc

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