EASTERN KENTUCKY UNIVERSITY
521 LANCASTER AVE
RICHMOND, KY 40475

Re: Posting Notice(s) for WC 9015351

Enclosed is the Workers' Compensation posting notice for your business. Please place it in an area that is accessible by your employees.
State of New Mexico Workers' Compensation Administration

WORKERS' COMPENSATION ACT

If You Are Injured At Work
Si Se Lastima En El Trabajo

1) Notice -- In most cases you must tell your employer about the accident within 15 days, using the Notice of Accident Form.

2) You have the right to information and assistance from an information specialist known as an Ombudsman at the Workers' Compensation Administration.

3) Claims information -- Contact your employer's Claims Representative.

1) Aviso. -- En la mayoría de los casos usted debe de avisarle a su empleador del accidente dentro de los primeros 15 días usando las formas de Aviso de Accidente.

2) Usted tiene el derecho a información y ayuda contactándose con un especialista en información conocido como "Ombudsman" en la Administración para la Compensación a los Trabajadores.

3) Información acerca de Reclamaciones. -- Contáctese con el representante de reclamaciones de su compañía.

Employer's Insurer / Claims Representative:

Name: ZURICH AMERICAN INSURANCE COMPANY

Phone #: 800-987-3373

Address: P.O. Box 981030
West Sacramento, CA 95798

Note: Employer must fill in this insurer / claims representative information.
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 7 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: 1-800-255-7965
1-505-841-6000

Farmington: 1-800-568-7310
1-505-599-9746

Las Cruces: 1-800-870-6826
1-505-524-6246

Las Vegas: 1-800-281-7889
1-505-454-9251

Lovingston: 1-800-934-2450
1-505-396-3437

Roswell: 1-800-311-8587
1-505-623-3997

Santa Fe: 1-800-476-7381

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: www.workerscomp.state.nm.us

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 Administration
2410 Centre Avenue, Albuquerque, New Mexico 87106
F.O. Box 27198, Albuquerque, New Mexico 87125-7198

This poster published 3/15/07. It remains valid until reissued and supersedes all prior versions except 3/15/03.
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