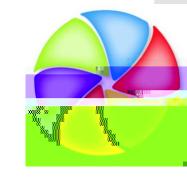


# Workers'Compensation ForALLNCCemployees

Workers'Compensations an insurance program for employees who are injured or become

Workers' Compensation



### Whatyou shouldknow:

If treated for a work related illness/injury—Do not useyour personal health insurance cardwhen being treated.

Reportyour work injury or illnessto your supervisorimmediately. HR may be who you report to.



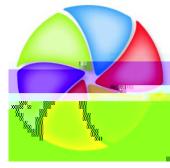
## DWC1 Form (Sample)

State of California

Department of Johnston Bale International Transformation of California

DIVISION DE COMPENSACIONAL TRANSFORMATION

DIVISION DE COMPENSACION DE COM

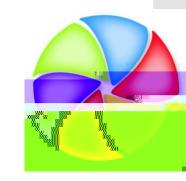


## The employer's role:

(this could be you)

2. Oncethe DWC1is receivedback, complete and signthe Employer's Section of the form.

3. Reportthe claim to Sedgwick CMSby calling 1 255 259 266





#### Keepin Mind

If you will misswork due to a work injury, inform your supervisorand providea copy of the physician 'sinstruction.

You will be permitted backto work once a doctor's note is provided releasing you to duty whether it be full or modified work.