

WISCONSIN WORKER'S COMPENSATION NOTICE TO INJURED WORKERS AND EMPLOYERS

The State of Wisconsin requires this employer to have worker's compensation insurance coverage.

Both employees and employers have rights and responsibilities under the worker's compensation law.

In Case of Work Injuries

Employee

1. Immediately report any work injury or suspected occupational disease to your supervisor, Human Resources department, or other designated employer representative.
2. Get medical treatment as soon as possible. You have the right to choose your own doctor for work injuries.
3. Give your employer a copy of your doctor's note detailing your work restrictions or taking you off work.

Employer

1. Complete and submit a first report of injury (form WKC-12) to notify your worker's compensation insurance company of any work injury or suspected occupational disease. Fatal claims must be reported within 24 hours.
2. Submit any bills for the injured worker's medical care to your adjuster. Make sure to include the claim number.
3. Let your adjuster know if you will be able to accommodate any restrictions related to the work injury.

This employer's worker's compensation insurance carrier or claim administrator is:

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Name of Insurance Carrier or Claim Administrator

P.O. BOX 660456

Mailing Address

DALLAS, TX 75266-0456

City, State, Zip Code

1.800.238.6225

Telephone Number

If you have questions about work injuries, please contact:



**PO Box 7901
Madison, WI 53707-7901
DWDDWC@dwd.wi.gov
(608) 266-1340**



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