

Date: [Insert Date]

To: All Employees at [Company Name / Location Address]

Subject: MANDATORY POSTING: Workers' Compensation State Specific Notice

Dear Employees,

In accordance with the laws of the State of [Insert State Name], [Company Name] is providing notice regarding our Workers' Compensation insurance coverage. This coverage provides medical care and wage replacement benefits to employees who sustain a work-related injury or illness.

Insurance Carrier Information:

- **Insurance Carrier:** [Insert Carrier Name]
- **Policy Number:** [Insert Policy Number]
- **Effective Dates:** [Insert Start Date] to [Insert End Date]

Reporting an Injury:

If you are injured on the job, you must report the incident to [Insert Name/Title of Contact Person] immediately. Failure to report an injury promptly may result in a delay or denial of benefits.

Required Posting:

The official state-mandated "Notice to Employees" poster has been displayed in the following location(s):

- [Insert Location, e.g., Breakroom Bulletin Board]
- [Insert Location, e.g., Main Office Entrance]

Please review the posted notice for specific details regarding your rights, responsibilities, and the designated medical providers (if applicable) under [Insert State Name] law.

If you have any questions regarding this notice or our Workers' Compensation program, please contact the Human Resources Department.

Sincerely,

[Your Name]

[Your Title]

[Company Name]