

WORKER'S COMPENSATION NOTICE

Your employer is required to provide for payment of benefits under the Worker's Compensation Act of the State of Indiana.

Any employee who is injured while at work should report the injury immediately to their supervisor, employer, or designated representative.

The worker's compensation insurance carrier or the administrator for

_____ is: _____
(name of company) (name of insurance carrier or administrator)

CHURCH MUTUAL INSURANCE COMPANY

(name of carrier/administrator)

3000 SCHUSTER LANE, PO BOX 357

(mailing address)

MERRILL WI 54452

(city, state, zip)

(800) 554-2642

(telephone number)

(contact person)

For more information about rights or procedures under the Indiana Worker's Compensation system, call or write:

Worker's Compensation Board of Indiana
Ombudsman Division
402 W. Washington St., Rm W196
Indianapolis, IN 46204
(317) 232-3808
1-800-824-2667