

COMMONWEALTH OF KENTUCKY WORKERS' COMPENSATION NOTICE

Employees of this business are covered by the Kentucky Workers' Compensation Act (KRS Chapter 342). Conspicuous posting of this Notice is required by law.

Employer Name:	Southeast Missour	ri State University			
Address: One Unive	rsity Plaza; Cape G	Giradeau, MO 63701			
Workers Compen	sation Carrie	r			
(or third party ad	ministrator):	CARO			
Policy #: N/A		, effective _07/01/1978	to Doe	s not expire	
Address: PO Box 80	9; Jefferson City, M	MO 65102			
Telephone: 1-888-6	22-7694	_, Contact Person Heather	er Benefield (573-6	51-2084)	
MEDICAL CAF medical facility of Plan employee so except in certain EMPLOYEE M furnished by you	RE to treat a to render car election of pla emergencies UST DESIG or employer o	workplace injury. The end of the employer is only it is insurance carries.	e employee in a controlled in	ay for ALL NECESSARY may select the physician of n approved Managed Ca oved Provider Network, CONTINUING CARE th N, a form to do so will be	or re he
				Plan for medical care.	Гhе
		Plan is , phone number		_, its representative is	
				lace injury are payable	ven.

DISABILITY BENEFITS to replace wages lost due to a workplace injury are payable under the Workers Compensation Act after seven (7) day of disability. A CLAIM MUST BE filed with the Department of Workers' Claim WITHIN TWO YEARS of the date of injury, or last payment of temporary total disability benefits.

NEED ASSISTANCE? Contact your employer's claim representative. If your questions about workers' compensation rights are not promptly answered call THE KENTUCKY DEPARTMENT OF WORKERS CLAIMS at 1-800-554-8601 to speak to an Ombudsman or Workers' Compensation Specialist.

EMPLOYER SUPERVISORS – NOTIFY MANAGEMENT IMMEDIATELY OF ALL INJURIES SO THAT TIMELY REPORT CAN BE MADE AS REQUIRED BY LAW.

04/09/09