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MAY 17 2022

May 5, 2022

Named Insured: **Lifeways Community Mental Health**

Insurer: **Midwest Employers Casualty Company (GC)**

Dear Risk Manager,

Enclosed you will find the workers' compensation posting notices for your location(s) for the current year.

Such notice(s) should be posted in a visible area where all employees will have access to the information, in accordance with state insurance department requirements. Visible areas include the cafeteria, the Human Resources office and in places where notices are routinely posted.

Be advised that the enclosed notices may require information from the employer that is specific to that location, such as a local contact name, hospital information etc. If so, complete this information prior to posting the notices.

Thank you,

Sheila Simmons
636-449-7095

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

Lifeways Community Mental

(name of company)

is:

Midwest Employers Casualty

(name of insurance carrier or administrator)

York Risk Services Group

(name of carrier/administrator)

P.O. Box 2408

(mailing address)

Birmingham, AL 35201

(city, state, zip)

800-277-7500

(telephone number)

Claims Service Center

(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**

NOTICIA DE COMPENSACION PARA TRABAJADORES

A su empleador le es requerido proveer pagos de beneficios bajo el Acta de Compensación para Trabajadores del Estado de Indiana.

Cualquier empleado que sea lesionado mientras esté trabajando debe reportar el accidente laboral inmediatamente a su supervisor, empleador o representante designado.

La compañía de seguro de compensación del trabajador o el administrador de la compañía Lifeways Community Mental es:
(nombre de la compañía)

York Risk Services Group

(nombre de la compañía de seguro/administrador)

P.O. Box 2408

(dirección)

Birmingham, AL 35201

(ciudad, estado, código postal)

800-277-7500

(número de teléfono)

Claims Service Center

(persona de contacto)

Para más información acerca de sus derechos o los procedimientos bajo el sistema de compensación para trabajadores de Indiana, llame o escriba a:

Worker's Compensation Board of Indiana
Ombudsman Division
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Indianapolis, IN 46204
(317) 232-3808
1-800-824-2667