Vermont Department of Labor

Employer's Liability and Workers' Compensation
NOTICE TO EMPLOYEES

This employer, International Church of The Foursquare Gospel, has complied with the provisions of Title 21 of the Vermont Statutes, Annotated §687, by obtaining Workers' Compensation Insurance coverage through:

American Zurich Insurance Company

(Insurance Carrier)

Workers' Compensation benefits for lost time, medical expenses, disability or death because of a work-related injury are available through the above named company.

- **An injured employee MUST immediately notify his/her employer of an injury.**
- **The employer MUST file an Employee Claim and Employer's First Report of Injury (Form 1) with the Vermont Department of Labor within 72 hours of the notice of an injury that requires medical attention or results in time lost from work. The employer must also provide a copy of the Form 1 to the injured worker and to the insurance carrier.**
- **If the employer fails to file a First Report, an employee may file a Notice of Injury and Claim for Compensation (Form 5) with the Vermont Department of Labor within six months of the date of injury.**
- **Information concerning injured worker rights and benefits is available on the department's Workers' Compensation website at http://www.labor.vermont.gov or by calling (802) 828-2286. We accept all relay calls.**

The Vermont Department of Labor is an equal opportunity employer that administers equal opportunity programs. Auxiliary aids and services are available upon request to individuals with disabilities. Free language access assistance is also available. Send an email to labor.wccomp@vermont.gov if you are in need of these services

For Placing a Claim, Call:
800-243-2490

VERMONT

Workers' Compensation Reinstatement Rights Notice

21 V.S.A. § 643b Reinstatement

An employer who regularly employs 10 or more people (at least 10 of whom work more than 15 hours a week), has an obligation to rehire a worker who has suffered a work-related injury, provided that the following conditions are met:

1. The worker recovers from the injury within two (2) years of the onset of disability;
2. The worker keeps the employer informed of his or her interest in reinstatement and his or her current mailing address;
3. The worker had an expectation of continuing work had injury not occurred; and
4. The worker is physically capable of performing either their prior job, if available, or an alternative suitable position.

Reinstatement must be with all benefits earned up to the date of injury, including both seniority and accrued leave time. Such benefits need not accrue **during** the period of actual disability.

Please note that the right to reinstatement applies only to the first **available** suitable job. Thus, the employer is not obligated either to create an "extra" position for a returning worker or to layoff a current employee in order to comply with this law.

Questions regarding the above should be referred to the Vermont Department of Labor, Workers' Compensation and Safety Division at 802-828-2286 or our website: www.labor.vermont.gov.

THIS IS A MANDATORY POSTER

Vermont Department of Labor
P.O. Box 488, Montpelier, VT
Labor.Complaints@vermont.gov
(802) 828-4000 | Fax: (802) 865-7655

VERMONT
DEPARTMENT OF LABOR

Safety Records Notice

21 V.S.A. § 691a

POSTING OF SAFETY RECORDS
NOTICE TO EMPLOYEES

All Vermont employers must advise their employees that they may review the employer's record of workplace safety, including workplace injury and illness, and where that information may be found. The employer's data shall be available for review by any employee and by the Commissioner of Labor. This information shall not otherwise be publicly accessible.

The employer's data is available at: International Church of The Foursquare Gospel
3901 Foothill Blvd
La Crescenta, CA 91214

(Location)

Employer Contact:

(Name)

Work Telephone: _____

Email: _____

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VERMONT
DEPARTMENT OF LABOR

Departamento de Trabajo de Vermont

Responsabilidad del empleador y Compensación para trabajadores AVISO A LOS EMPLEADOS

Este empleador, International Church of The Foursquare Gospel, ha cumplido con las disposiciones del Título 21 de los Estatutos de Vermont, Anotado §687, al obtener cobertura de Seguro de compensación para trabajadores a través de:

American Zurich Insurance Company

(Compañía de seguros)

Los beneficios de compensación para trabajadores por tiempo perdido, gastos médicos, discapacidad o muerte debido a una lesión relacionada con el trabajo están disponibles a través de la compañía mencionada anteriormente.

- **Un empleado lesionado DEBE notificar inmediatamente a su empleador una lesión.**
- **El empleador DEBE presentar un Reclamo del empleado y el Primer Informe de Lesión del Empleador (Formulario 1) ante el Departamento de Trabajo de Vermont dentro de las 72 horas posteriores al aviso de una lesión que requiere atención médica o resulta en tiempo perdido del trabajo. El empleador también debe proporcionar una copia del Formulario 1 al trabajador lesionado y a la compañía de seguros.**
- **Si el empleador no presenta un Primer Informe, el empleado puede presentar un Aviso de Lesión y Reclamo de Compensación (Formulario 5) ante el Departamento de Trabajo de Vermont dentro de los seis meses posteriores a la fecha de la lesión.**
- **La información concerniente a los derechos y beneficios de los trabajadores lesionados está disponible en el sitio web de Compensación para trabajadores del departamento en http://www.labor.vermont.gov o llamando al (802) 828-2286. Aceptamos todas las llamadas de retransmisión.**

El Departamento de Trabajo de Vermont (Vermont Department of Labor) es un empleador que administra programas de igualdad de oportunidades. Las personas con discapacidad pueden solicitar ayuda y servicios auxiliares. También se ofrece asistencia lingüística gratuita. Envíe un correo electrónico a labor.wccomp@vermont.gov si necesita estos servicios.

Para Reportar un Reclamo llame al:
800-243-2490

VERMONT