STATE OF NEW HAMPSHIRE
WORKERS' COMPENSATION LAW
NOTICE OF COMPLIANCE

TO EMPLOYEES

1. You are required by law (RSA 281-A:19) to report promptly to your employer an occupational injury or disease, even if you deem it to be minor. Form No. 8 WCA, Notice of Accidental Injury or Occupational Disease, may be used for that purpose (RSA 281-A:20,21). After you have completed and made it available to him or her, your employer must acknowledge receipt by signing and giving you a copy.
2. You are entitled to the services of a physician. This physician shall be within a managed care network, if applicable under RSA 281-A:23a.
3. You may not sue your employer as a result of a work-connected injury or disease by reason of your eligibility for benefits under the Workers' Compensation Law.

TO EMPLOYERS

1. You are required to display this poster so that it will be of the greatest possible benefit to your employees (RSA 281-A:4).
2. You are required to file an Employer's First Report of Injury or Occupational Disease, Form No. 8 WCA, with the Labor Commissioner as soon as possible, but no later than five days after learning of the occurrence of any injury (RSA 281-A:53, I). A copy of this form must also be provided to the nearest claims office of your insurance carrier unless the injury requires one-time treatment costing under $2,000 and you pay the medical bill within 30 days. (RSA 281-A:53, I and Lab 504.02). If the injury requires any additional treatment or results in lost time, you must notify your insurance carrier of the injury (Lab 504.02).
3. You are required to report to the Labor Commissioner any occupational disability, whether total or partial, of four or more days (RSA 281-A:22), on an Employer's Supplemental Report of Injury, Form No. 13 WCA, as soon as possible, but no later than ten days after the date of knowledge thereof (RSA 281-A:53, I and II).
4. You are required to furnish, or cause to be furnished, reasonable medical and hospital services, other remedial care or vocational rehabilitation, and various types of disability compensation to an injured or disabled employee in accordance with RSA 281-A:23, 25, 26, 28, 29, 31, 32.
5. All employers with 5 or more full time employees shall develop temporary alternative work opportunities for injured employees in accordance with RSA 281-A:23-b. Employer may be obligated to reinstate employees sustaining a compensable injury in accordance with RSA 281-A:25-a.
6. You are required to obtain from the carrier identified below a supply of all required workers' compensation forms.
NOTICE - Violation of the various provisions of the Workers' Compensation Law carries civil penalties, court fines, or both.

Danielle N. Albert
Deputy Labor Commissioner

Ken Merrifield
Commissioner of Labor

The undersigned employer hereby gives notice of compliance with all provisions of the Workers' Compensation Law and Administrative Regulations of the Labor Commissioner of the State of New Hampshire pursuant to Revised Statutes Annotated, Chapter 281-A, as amended.

Name of Insurance Company
Or self-insurer:

HARTFORD FIRE INS COMPANY
ONE HARTFORD PLAZA
HARTFORD CT 06155

Name of Employer: DREXEL UNIVERSITY

By _____

231352630
Employer Identification No.
(If number unknown, Employer to request from IRS)

This notice must be posted conspicuously in and about the Employer's place or places of business.

Prescribed by Labor Commissioner
State of New Hampshire
WCP-1 (01-24)

Form WC 88 28 01 K Printed in U.S.A.