

## 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.

ST. CHARLES COMMUNITY COLLEGE

Address:	4601 MID RIVERS MALL DRIVE ST. PETERS, MO 63376				
	Compensation Carrie party administrator):		SETT SERVICES,	INC.	
	PRP4054434	effective	12/31/15	to	12/31/16
Address:	THE GALLAGHER CENTWO PIERCE PLACE ITASCA, IL 60143				
Telephone	e: (888) 749-1950		, Contact P	erson	
treat a wo care. If th physician INJURIES PHYSICIA This empl	MEDICAL CARE. You rkplace injury. The ele employer is enrolle is is LIMITED to the A REQUIRING CONTININ, a form to do so with oyer IS □ IS NOT □ IS □ IS NOT □ IS □ Managed Care Plant	mployee may seed in an approved proved Provide UING CARE the III be furnished by participating in an is	lect the physicial I Managed Care I Retwork, expect EMPLOYEE MUST Your employer Amanaged Care	n or medic Plan emplo ct in certain T DESIGN or its insu Plan for m	al facility to render byee selection of n emergencies. FOR ATE A TREATING rance carrier. edical care. The its representative is
Workers C	Y BENEFITS to repla Compensation Act aft nt of Workers' Claim	er seven (7) days	of disability. A	CLAIM ML	IST BE filed with the

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.

temporary total disability benefits.

**Employer Name:**