

# **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**

Employment Solutions of New York, Inc.

(name of company)

**is:**

QBE Insurance Corporation

(name of insurance carrier or administrator)

QBE Insurance Corporation

(name of carrier/administrator)

Sedgwick Claims Management Services, Inc (298) P.O. Box 975

(mailing address)

Sun Prairie, WI 53590-0975"

(city, state, zip)

800-362-5448

(telephone number)

(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**