(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages. Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. §34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

State Board of Workers' Compensation
270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299
404-656-3818 or 1-800-533-0682
http://www.sbwc.georgia.gov

Your employer has enrolled with the certified Workers' Compensation Managed Care Organization (WC/MCO) listed below to provide all the necessary medical treatment for workers' compensation injuries. The effective date is shown below. If you had an injury prior to the effective date listed below you may continue to receive treatment from your current non-participating authorized physician until you elect to utilize the services of the WC/MCO.
Each employee will be furnished with a publication which explains in detail how to access the services of the WC/MCO and provides a complete list of the medical providers available. In addition, each employee will be given a wallet-sized card which contains information on the services of the WC/MCO including a 24-hour toll-free phone number with recorded messages of information on how to utilize these services.

NAME OF THE MCO: MCO Name
CONTACT: Adjuster Contact
ADDRESS: Adjuster Address
CONTACT NUMBER: Adjuster Phone Number

GEOGRAPHICAL SERVICE AREA: **#16 Early Single County GSA**

NETWORK CONTACT: Coventry Channeling Call Center
NUMBER: 1 (800) 937-6824
24 HOUR CONTACT: _____
NUMBER: _____

EFFECTIVE DATE OF WC/MCO: {Date}

CONTACT: Adjuster Contact
NUMBER: Adjuster Phone Number

The insurance company providing coverage for this business under the Workers' Compensation Law is:

INSURANCE COMPANY: Carrier name
CONTACT: Adjuster Contact
ADDRESS: Adjuster Address
CONTACT NUMBER: Phone

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION
AT 404-656-3818 OR 1-800-533-0682 OR VISIT
HTTP://WWW.SBWC.GEORGIA.GOV

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to $10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).

WC-P3 (7/2006)