This is to notify you of benefits which are available to you through the California Worker's Compensation system.

Most California workers are protected in the event of job-related injuries and illness by workers' compensation which is paid for by your employer. If you're injured or become ill as a result of your job, this coverage pays for medical care, necessary rehabilitation services, income in case you're disabled and can't work, or death benefits to your dependents.

**Medical Care** — All authorized expenses are paid in full, including doctor's fees, medicines, hospital and surgical costs, lab tests, X-rays, wheelchairs, crutches, etc.

**Rehabilitation** — If your doctor says, you can't work, you'll receive tax-free cash payments of two-thirds of your average weekly wage, up to a maximum weekly amount set by law. If you have a permanent disability, you'll receive payments in accordance with a formula set by law.

**Selection of Doctors** — You may be treated by your own doctor for any job related injury if you notify your employer in writing, before you have an injury/illness, of the name of your personal physician and surgeon who has treated you in the past and who keeps your medical records. Otherwise, your employer will refer you to a local doctor if you need medical care. After 30 days have passed following the date of your injury or date you reported your injury, you may see a doctor of your choice, but you must give your employer the doctor's name and address. Should you desire to be treated by your personal physician, please request an "Employee Notification of Personal Physician" form from your **Human Resources Department** prior to sustaining an injury.

**Questions** — If you have any questions or need help, ask the Risk Management Office to help you following a work-related injury or illness. You may also contact the nearest information and Assistance Officer of the State of California's Division of Industrial Accidents.

**Report your injury** — Always immediately notify your supervisor of any work-related injury or illness. Your employer will notify the Risk Management Office. You may be eligible for workers' compensation benefits but the Risk Management Office must be notified for the system to begin working for you.

I HAVE READ THE ABOVE AND UNDERSTAND MY RIGHTS AND BENEFITS UNDER THE WORKER'S COMPENSATION PROGRAM. I AGREE TO REPORT ALL WORK RELATED INJURIES AND ILLNESSES TO MY SUPERVISOR/EMPLOYER IMMEDIATELY AFTER THEY OCCUR.

I ACKNOWLEDGE RECEIPT OF THE WORKERS' COMPENSATION PAMPHLET EXPLAINING MY WORKERS' COMPENSATION BENEFITS.

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**EMPLOYEE NAME (print)**

**SOCIAL SECURITY NO.**

**SIGNATURE**

**DATE**

Workers' Compensation Benefits