

Dear Policyholder,

If you have locations in Colorado, workers' compensation law<sup>1</sup> requires you to display a posting notice in a prominent location in the workplace.

### **What you need to do**

You must display the posting notice in English and Spanish. Each notice must measure 27" x 40".

- If you can print a large poster, download and print the 27" x 40" version from <https://thehartford.com/COpostingnoticefullsize>
- If you can only print in letter size, download and print a "tiled" version from <https://thehartford.com/COpostingnotice>. You can put the letter-sized sections together to make the larger version.

### **Need help?**

Visit us online at <https://business.thehartford.com> or call (877) 287-1316 for assistance. We're here weekdays from 8:00 AM to 8:00 PM ET.

Thank you,

The Hartford

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<sup>1</sup> Amendments to Colorado Revised Statute 8-43-102



COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT  
DIVISION OF WORKERS' COMPENSATION

# AVISO



**SI SE LESIONA EN EL TRABAJO, TIENE DERECHOS BAJO LA LEY DE COMPENSACIÓN DE TRABAJADORES DE COLORADO. SU EMPLEADOR ESTÁ OBLIGADO POR LEY A TENER UN SEGURO DE COMPENSACIÓN PARA TRABAJADORES. EL COSTO DEL SEGURO ES PAGADO EN SU TOTALIDAD POR SU EMPLEADOR. SI SU EMPLEADOR NO TIENE SEGURO DE COMPENSACIÓN PARA TRABAJADORES, USTED TODAVÍA TIENE DERECHOS BAJO LA LEY.**

**ES CONTRA LA LEY QUE SU EMPLEADOR TENGA UNA PÓLIZA CONTRARIA A LOS REQUISITOS DE INFORMES ESTABLECIDOS EN LA LEY DE COMPENSACIÓN DE TRABAJADORES DE COLORADO. SU EMPLEADOR ESTÁ ASEGURADO A TRAVÉS DE:**

HARTFORD FIRE INSURANCE COMPANY

**SI SE LESIONA EN EL TRABAJO, NOTIFIQUE A SU EMPLEADOR TAN PRONTO COMO PUEDA E INFORME SU LESIÓN A SU EMPLEADOR POR ESCRITO DENTRO DE LOS 10 DÍAS POSTERIORES A LA LESIÓN. SI NO INFORMA SU LESIÓN CON PRONTITUD, AÚN PUEDE PRESENTAR UN RECLAMO.**

**INFORME A SU EMPLEADOR SI NECESITA TRATAMIENTO MÉDICO. SI OBTIENE ATENCIÓN MÉDICA, ASEGÚRESE DE INFORMAR A SU EMPLEADOR Y PROVEEDOR DE ATENCIÓN MÉDICA CÓMO, CUÁNDO Y DÓNDE OCURRIÓ LA LESIÓN.**

**PUEDE PRESENTAR UN RECLAMO DE COMPENSACIÓN DEL TRABAJADOR ANTE LA DIVISIÓN DE COMPENSACIÓN DE LOS TRABAJADORES. PARA OBTENER FORMULARIOS O INFORMACIÓN SOBRE EL SISTEMA DE COMPENSACIÓN DE TRABAJADORES, LA INFORMACIÓN DE CONTACTO DE SERVICIO AL CLIENTE PARA LA DIVISIÓN DE COMPENSACIÓN DE LOS TRABAJADORES ES:**



**Division of Workers' Compensation  
633 17th Street, Suite 400  
Denver, CO 80202**



**303-318-8700  
1-888-390-7936 (Llame Gratis)  
[cdle.colorado.gov/dwc](http://cdle.colorado.gov/dwc)**





COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT  
DIVISION OF WORKERS' COMPENSATION

# NOTICE



**IF YOU ARE INJURED ON THE JOB, YOU HAVE RIGHTS UNDER THE COLORADO WORKERS' COMPENSATION ACT. YOUR EMPLOYER IS REQUIRED BY LAW TO HAVE WORKERS' COMPENSATION INSURANCE. THE COST OF THE INSURANCE IS PAID ENTIRELY BY YOUR EMPLOYER. IF YOUR EMPLOYER DOES NOT HAVE WORKERS' COMPENSATION INSURANCE, YOU STILL HAVE RIGHTS UNDER THE LAW.**

**IT IS AGAINST THE LAW FOR YOUR EMPLOYER TO HAVE A POLICY CONTRARY TO THE REPORTING REQUIREMENTS SET FORTH IN THE COLORADO WORKERS' COMPENSATION ACT. YOUR EMPLOYER IS INSURED THROUGH:**

HARTFORD FIRE INSURANCE COMPANY

**IF YOU ARE INJURED ON THE JOB, NOTIFY YOUR EMPLOYER AS SOON AS YOU ARE ABLE, AND REPORT YOUR INJURY TO YOUR EMPLOYER IN WRITING WITHIN 10 DAYS AFTER THE INJURY. IF YOU DO NOT REPORT YOUR INJURY PROMPTLY, YOU MAY STILL PURSUE A CLAIM.**

**ADVISE YOUR EMPLOYER IF YOU NEED MEDICAL TREATMENT. IF YOU OBTAIN MEDICAL CARE, BE SURE TO REPORT TO YOUR EMPLOYER AND HEALTH-CARE PROVIDER HOW, WHEN, AND WHERE THE INJURY OCCURRED.**

**YOU MAY FILE A WORKER'S CLAIM FOR COMPENSATION WITH THE DIVISION OF WORKERS' COMPENSATION. TO OBTAIN FORMS OR INFORMATION REGARDING THE WORKERS' COMPENSATION SYSTEM, THE CUSTOMER SERVICE CONTACT INFORMATION FOR THE DIVISION OF WORKERS' COMPENSATION IS:**



**Division of Workers' Compensation  
633 17th Street, Suite 400  
Denver, CO 80202**



**303-318-8700  
1-888-390-7936 (Toll-Free)  
[cdle.colorado.gov/dwc](http://cdle.colorado.gov/dwc)**

