

## **Employer's Liability and Workers' Compensation**

### **NOTICE TO EMPLOYEES**

This employer, InSource Employer Solutions, Inc., has complied with the provisions of Title 21 of the Vermont Statutes, Annotated §687, by obtaining Workers' Compensation Insurance coverage through:

United Wisconsin Insurance Company  
(Insurance Carrier)

Workers' Compensation benefits for lost time, medical expenses, disability or death because of a work-related injury are available through the above named company.

- An injured employee **MUST** immediately notify his/her employer of an injury.
- The employer **MUST** file an Employee Claim and Employer's First Report of Injury (Form 1) with the Vermont Department of Labor within 72 hours of the notice of an injury that requires medical attention or results in time lost from work. The employer must also provide a copy of the Form 1 to the injured worker and to the insurance carrier.
- If the employer fails to file a First Report, an employee may file a **Notice of Injury and Claim for Compensation** (Form 5) with the Vermont Department of Labor within six months of the date of injury.
- Information concerning injured worker rights and benefits is available on the department's Workers' Compensation website at **<http://www.labor.vermont.gov>** or by calling (802) 828-2286.

#### **Equal Opportunity is the Law**

The State of Vermont is an Equal Opportunity/Affirmative Action Employer. Applications from women, individuals with disabilities, and people from diverse cultural backgrounds are encouraged. Auxiliary aids and services are available upon request to individuals with disabilities. 711 (TTY/Relay Service) or 802-828-4203 TDD (Vermont Department of Labor).

# NOTICE

## Workers' Compensation Reinstatement Rights

### VERMONT LAW REQUIRES POSTING OF THIS NOTICE

21 VSA §643b Reinstatement; seniority and benefits protected

This law provides that an employer who regularly employs **ten or more** people (at least 10 of whom work more than 15 hours a week), has an obligation to rehire a worker who has suffered a work related injury **provided** that the following conditions are met:

1. The worker recovers from the injury within two (2) years of the onset of disability; and
2. The worker keeps the employer informed of his or her interest in reinstatement and his or her current mailing address; and
3. The worker had an expectation of continuing work had the injury not occurred; and
4. The worker is physically capable of performing either his or her prior job, if available, or an alternative suitable position.

Reinstatement must be with all benefits earned up to the date of injury, including both seniority and accrued leave time. Obviously, such benefits need not accrue **during** the period of actual disability.

Please note that the right to reinstatement applies only to the first **available** suitable job. Thus, the employer is not obligated either to create an "extra" position for a returning worker or to lay-off a current employee in order to comply with this law.

Should you have questions regarding the above, please contact the Vermont Department of Labor, Workers' Compensation and Safety Division at 802-828-2286 or our website: [www.labor.vermont.gov](http://www.labor.vermont.gov).

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### FOR FURTHER INFORMATION CONTACT:

Vermont Department of Labor  
P. O. Box 488  
Montpelier, Vermont 05601-0488

Email: [LABOR.WCComp@vermont.gov](mailto:LABOR.WCComp@vermont.gov)

Telephone: (802) 828-2286

TDD: (800) 650-4152

Fax: (802) 828-2195





## POSTING OF SAFETY RECORDS NOTICE TO EMPLOYEES

Under Vermont law (21 V.S.A. §691a) all Vermont employers must advise their employees of where they may review the employer's record of workplace safety, including workplace injury and illness. The employer's data shall be available for review by any employee and by the Commissioner of Labor, but this information shall not otherwise be public information.

The employer's data is available at:

**InSource Employer Solutions, Inc.**  
**204 37th Ave N #318**  
**St Petersburg, FL 33704**

\_\_\_\_\_  
(Location)

Employer Contact:

**Kevin Shealy**

\_\_\_\_\_  
(Name)

Work Telephone: **407-891-4144**

Email: \_\_\_\_\_

For more information, contact the Vermont Department of Labor at (802) 828-2286.