We have been asked by our Workers’ Compensation insurer to have you sign the attached form titled “Workers’ Compensation Employee Notification” whenever an incident occurs.

We ask you to be aware of the process that must be followed in order to visit a physician if you are injured on the job. A list of approved medical providers is also included for reference.

Please make a copy of this notification for your records and return the signed notification (2 pages) to me.

Please call me with any questions you might have. Thank you for your cooperation.

Attachments:  
1. What to do in Case of a Work-Related Injury  
2. PMA Insurance Group – Designated Physicians  
3. Workers’ Compensation Employee Notification (return signed copy to HR)