

COMMONWEALTH OF KENTUCKY WORKERS' COMPENSATION NOTICE

Employees of this business are covered by the Kentucky Workers' Compensation Act (KRS Chapter 342). Conspicuous posting of this Notice is required by law.

	Markets, Inc.
Address:	
Workers Compensation Carrie	•
(or third party administrator):	The Hartford C/O Publix Super Markets, Inc Risk Management
Policy #: 20 WN S50100	, effective <u>01/01/2023</u> to <u>01/01/2024</u>
Address: Post Office Box 32016	Lakeland, FL 33802
Telephone: (800) 838-0999	, Contact Person _Michele Maffei
Notice should be in writing. benefits. OBTAIN MEDICA	D – NOTIFY your supervisor IMMEDIATELY; when possible FAILURE to notify your supervisor could result in denial of AL CARE. Your employer must pay for ALL NECESSARY
medical facility to render car Plan employee selection of pl except in certain emergencie	workplace injury. The employee may select the physician or re. If the employer is enrolled in an approved Managed Care hysicians is LIMITED to the Approved Provider Network, s. FOR INJURIES REQUIRING CONTINUING CARE the NATE A TREATING PHYSICIAN, a form to do so will be or its insurance carrier.

DISABILITY BENEFITS to replace wages lost due to a workplace injury are payable under the Workers Compensation Act after seven (7) day of disability. A CLAIM MUST BE filed with the Department of Workers' Claim WITHIN TWO YEARS of the date of injury, or last payment of temporary total disability benefits.

NEED ASSISTANCE? Contact your employer's claim representative. If your questions about workers' compensation rights are not promptly answered call THE KENTUCKY DEPARTMENT OF WORKERS CLAIMS at 1-800-554-8601 to speak to an Ombudsman or Workers' Compensation Specialist.

EMPLOYER SUPERVISORS – NOTIFY MANAGEMENT IMMEDIATELY OF ALL INJURIES SO THAT TIMELY REPORT CAN BE MADE AS REQUIRED BY LAW.

04/09/09