

NOTICE

WORKERS' COMPENSATION ACCIDENT REPORTING

**You Have Workers' Compensation Insurance
with
The Hartford**

**WHEN AN EMPLOYEE IS INJURED ON THE JOB,
OR DOES NOT REPORT FOR WORK:**

- 1. Inquire as to cause of absence, if unknown.**
- 2. If employee is injured on the job, or, if absence may be due to injury or illness related to employment:**
 - a. Provide proper medical attention.**
 - b. Complete the Employers First Report of Injury (FROI) form in duplicate at once. This form can be obtained from the following website:
www.iowaworkforce.org/wc/publications.htm.**
 - c. Mail original immediately to:**

The Twin City Fire Insurance Company
4245 Meridian Parkway
Aurora IL 60504
 - d. If employee is (or will be) away from work for more than three days, mail copy to:**

**Iowa Industrial Commissioner
1000 E. Grand Avenue
Des Moines, IA 50319-0209**