

(TO BE POSTED ON BULLETIN BOARD)

Utica National's Telephonic Claims Reporting/
Medical Case Management

Uti-CARE

The emphasis is on
the CARE.

NOTICE TO EMPLOYEES:

Procedure for Work-Related Injury or Illness: Call 1-800-284-3806

IN THE CASE OF WORK-RELATED INJURY OR ILLNESS, THE FOLLOWING PROCEDURES MUST BE FOLLOWED:

1. IMMEDIATELY REPORT THE INJURY TO YOUR SUPERVISOR.

Any employee who is injured at work must report immediately to his or her supervisor. Your employer will refer you to an appropriate physician and then call Uti-CARE at 1-800-284-3806.

2. OBTAIN MEDICAL CARE FROM A PHYSICIAN AUTHORIZED BY YOUR EMPLOYER.

(Listed below.)

3. If immediate medical attention is required, you should obtain emergency medical care at the nearest emergency facility or contact one of the facilities listed below.

In the event of any work-related injury, the employer or its insurance carrier shall provide payment of reasonable medical and surgical services and supplies, orthopedic appliances, and prostheses including required training in their use.

Under the terms and conditions of the New Jersey Workers' Compensation Law (N.J.S.A. 34:15-1 et seq.) your employer has the right to select and authorize physicians to treat employees for job related disability.

If you go to a doctor that has not been authorized by your employer or its insurance company, your bills may not be covered through Workers' Compensation.

MEDICAL PROVIDERS

1. **Contact HR Department
2. _____
3. _____

NOTICE

The undersigned employer hereby gives notice that the payment of compensation to employees and their dependents has been secured in accordance with the provisions of the Employer's Liability Insurance Law, Title 34, Chapter 15, Article 5, Revised Statutes New Jersey, by insuring with the

Graphic Arts Mutual Insurance Company

for the period

Beginning 03-01-2025 **Ending** 03-01-2026
Employer STERLING AND STERLING LLC

In accordance with the above cited law, notice of compliance must be posted and maintained conspicuously in and about the employer's workplaces.

AVISO

El patron avisa que ha asegurado el pago de compensación a los empleados y sus dependientes, de acuerdo con lo provisto por la ley de responsabilidad de los patrones de seguro para sus empleados. Titulo 34, Capitulo 15, Artículo 5, revision de estatutos del Estado de New Jersey, asegurandolos con.

(Graphic Arts Mutual Insurance) Compañia de Seguro

por el periodo

Comenzando 03-01-2025 Terminando 03-01-2026

Patron STERLING AND STERLING LLC

*De acuerdo con la ley mencionada arriba, esta noticia
debe ser colocada y mantenida en un lugar visible
en todos los lugares de trabajo. Form 17NJ*

Form 17NJ