

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD  
ESTADO DE NUEVA YORK - JUNTA DE COMPENSACIÓN OBRERA

NOTICE OF COMPLIANCE  
TO EMPLOYEES

IMPORTANT INFORMATION FOR EMPLOYEES WHO  
ARE INJURED OR SUFFER AN OCCUPATIONAL  
DISEASE WHILE WORKING.

1. By posting this notice and information concerning your rights as an injured worker, your employer is in compliance with the Workers' Compensation Law.
2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.
3. You are entitled to obtain any necessary medical treatment and should do so immediately.
4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.
5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.
6. You may be entitled to lost time benefits if your work-related injury keeps you from work more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.
7. You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.
8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.
9. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

NYS Workers' Compensation Board  
Centralized Mailing  
PO Box 5205  
Binghamton, NY 13902-5205

Customer Service Line: 877-632-4996

AVISO DE CUMPLIMIENTO  
A EMPLEADOS

INFORMACION IMPORTANTE PARA EMPLEADOS QUE  
SEAN LESIONADOS O SUFRAN UNA ENFERMEDAD  
OCUPACIONAL MIENTRAS TRABAJAN.

1. Su patrono está cumpliendo la Ley de Compensación Obrera cuando despliega este comunicado concerniente a sus derechos como trabajador lesionado.
2. Si usted no notifica a su patrono dentro del término de 30 días de haber sufrido su lesión su reclamación podría ser desestimada, por eso notifique inmediatamente.
3. Usted tiene derecho a recibir cualquier tratamiento médico necesario relacionado con su lesión y debe gestionarlo inmediatamente.
4. Para el tratamiento de cualquier lesión o enfermedad relacionada con el trabajo, usted puede escoger cualquier médico, podiatra, quiropractico ó psicólogo (si es referido por un médico autorizado) que esté autorizado y acepte pacientes de la Junta de Compensación Obrera. Sin embargo, si su patrono está autorizado a participar en una organización certificada de proveedores preferidos (PPO), usted deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquiera de estos programas establecidos por ley están obligados a proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que esté acogido.
5. Usted deberá requerir de su Médico que radique copias de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrono, que se indica al final de esta forma.
6. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete días, le obliga a trabajar a sueldo más bajo ó resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo.
7. No pague a ningún proveedor médico directamente por tratamiento de su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso ó la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podría ser responsable del pago de las facturas.
8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado ó por representante licenciado si usted así lo desea. Si es representado, no pague al abogado ó al representante licenciado. Cuando la Junta decida su caso, los honorarios serán determinados por la Junta y descontados de sus beneficios.
9. Si tiene dificultad en conseguir un formulario de reclamación o necesita ayuda para llenarlo ó tiene dudas sobre cualquier situación relacionada con una lesión o enfermedad comuníquese con la oficina mas cercana de la Junta

CHAIR/PRESIDENTE  
Workers' Compensation Board

Workers' Compensation benefits, when due, will be paid by (Los beneficios de Compensación Obrera, cuando debidos, serán pagados por):

Name, address and telephone number of licensed insurance carrier, authorized group self-insurer or main office of authorized self-insurer  
Sentry Insurance Company  
1 Horticultural Lane PO Box 428  
Edwardsville, IL 62025-0428  
1-800-851-7740

For Insurance Carriers ONLY: Policy No. A0257419005

Policy in Force from 10/01/2024 to 10/01/2025

C-105 (9-17)

Workers' Compensation Board  
Prescribed of by Chairman  
State New York

www.wcb.ny.gov

Name of employer (Nombre del patrono)  
Robert W Baker Nursery Inc

**THIS NOTICE MUST BE POSTED  
CONSPICUOUSLY IN AND ABOUT THE  
EMPLOYER'S PLACE OR PLACES OF  
BUSINESS.**

Failure by an employer to post this notice in and about the employer's place or places of business may result in a \$250 penalty for each violation.

WC-80-31-0005 (Ed. 09-17)

A0257419005

Sentry Insurance Company

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09/24/2024

# Occupational injury/illness STATEMENT OF RIGHTS



Workers'  
Compensation  
Board

## To all workers who are injured while working or who suffer from an occupational disease: You may be entitled to workers' compensation benefits

1. You may be entitled to lost wage benefits if your work-related injury/illness keeps you from work for more than seven days, causes you to earn lower wages, or results in a permanent disability. In volunteer firefighters' and volunteer ambulance workers' cases, compensation for lost time or loss of earning capacity may be payable from date of injury/illness.
2. You are entitled to medical treatment related to your injury/illness and should get it immediately. You can see any health care provider in an emergency. After that, you must see a NYS Workers' Compensation Board (Board) authorized provider or go to an occupational health clinic. You can search for a provider at [wcb.ny.gov](http://wcb.ny.gov). Do not pay the health care provider directly; they will bill your employer's workers' compensation insurer. If that insurer has a pharmacy or diagnostic network, you must receive services within these networks. The insurer must tell you about its required provider networks and how to use them.
3. Your employer is liable for repairing or replacing any prosthesis (e.g., artificial members, false teeth, eyeglasses) that has been lost or damaged in the course of employment. You are also entitled to reimbursement for medication, crutches, or any equipment properly prescribed by your provider, as well as transportation and other necessary expenses for travel to and from your health care provider's office or hospital. (You should get receipts for all such expenses.)
4. Your employer is not permitted to ask you to waive your right to compensation or deduct money from your wages to pay for workers' compensation insurance premiums. Further, you cannot be fired or discriminated against because you filed a claim for benefits.
5. You are entitled to be represented by an attorney/licensed representative, but it is not required. If you do hire one, do not pay them directly. Any fee will be set by law and is deducted from your award. Attorney's fees are generally around 15% of your award and should be discussed with your attorney/licensed representative.
6. If your claim is disputed on the grounds that your injury/illness is not work-related or did not arise in the line of volunteer firefighter or ambulance worker duties, then you may be required to cover the costs of your medical treatment. You may qualify for disability benefits for non-work injuries. For information on disability benefits, contact the Board at (877) 632-4996.

Note: A quick return to work and an active lifestyle may help you get better faster. For help returning to work, or with family or financial problems due to your injury/illness, call the Board at (877) 632-4996 and ask for vocational rehabilitation or social work assistance.

### To file a claim:

1. Tell your employer, in writing, that you were injured or made ill due to your job, within 30 days of the accident or onset of illness.
2. Report your injury/illness to the Board as soon as possible. To do so, obtain and file an **Employee Claim (Form C-3)**. Note: Volunteer firefighters file the **Volunteer Firefighter's Claim for Benefits (Form VF-3)**, volunteer ambulance workers file the **Volunteer Ambulance Worker's Claim for Benefits (Form VAW-3)**.  
**IMPORTANT:** If you do not notify the Board of your injury or illness within two years, you risk losing the right to benefits.
3. Tell your health care provider to send copies of medical reports concerning your claim to the Board and to your employer's insurance company at the addresses on the bottom of this form.

FOR HELP OBTAINING A CLAIM FORM OR FILLING IT OUT, OR OTHER QUESTIONS ABOUT A WORK-RELATED INJURY OR ILLNESS, PLEASE CALL (877) 632-4996. A BOARD REPRESENTATIVE WILL HELP YOU.

This information is a simplified presentation of your rights under the Workers' Compensation Law. It is provided, as required by Section 110 of the Workers' Compensation Law, by your employer's insurance carrier:

Sentry Insurance Company  
1 Horticultural Lane PO Box 428  
Edwardsville, IL 62025-0428

PRESCRIBED BY THE CHAIR,  
WORKERS' COMPENSATION BOARD  
NYS Workers' Compensation Board,  
Centralized Mailing, PO Box 5205,  
Binghamton, NY 13902-5205

WCB.NY.GOV

C-430S (5/23)

WC-80-31-0020 (Ed. 05-23)

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Sentry Insurance Company

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