



## **ATTENTION**

**Effective: July 1, 2011**

### **IMPORTANT NOTICE REGARDING THE REVISION OF THE MONTANA WORKERS' COMPENSATION EMPLOYEE NOTICE**

The following change has been made to the Workers' Compensation Insurance Coverage Employee Notice due to the 2011 Legislation.

**"Prior to the Insurer's designation or approval of a Treating Physician you may choose your initial Health Care Provider.**

You may continue to receive treatment from your initial health care provider unless the insurer designates a treating physician other than your initial health care provider. After providing you with a notice of a designated or approved treating physician, the insurer is no longer liable for treatment provided by other health care providers unless authorization is obtained to continue treatment."

#### **POSTING REQUIREMENTS (39-71-401 (6) MCA)**

When insurers issue a policy to employers, they must also provide the employers with an Employee Notice, which employers in turn must post at each worksite. The Department of Labor can provide the standardized format to insurers, and insurers are responsible for having the Employee Notice reprinted in the same format and distributed to employers.

I have enclosed a copy of the revised Employee Notices. Please incorporate the necessary changes into your system.

If you have any questions concerning this issue please contact Connie Ferriter at 406-444-6532 or by e-mail at [cferriter@mt.gov](mailto:cferriter@mt.gov).

# WORKERS' COMPENSATION

INSURANCE COVERAGE

## EMPLOYEE NOTICE



Date: 10.01.2024

VANDERHOUWEN

Policy Number: WWC3743320



The above-named employer's workers' compensation insurance coverage is active and in good standing for the period of     /     /     to     /     /     , provided the employer meets all premium and reporting requirements.

### **IF YOU ARE INJURED**

You should report any on-the-job injury to your supervisor, employer, or insurer as soon as possible. You must report the accident within 30 days. A sole proprietor, partner, manager of a manager-managed limited liability company, member of a member-managed limited liability company, or corporate officer covered under the Montana Workers' Compensation Act must report an accident to the insurer within 30 days.

Report minor injuries to your employer whether or not you receive medical treatment. After you report the injury, your employer has 6 days to notify their insurer. You must submit a written First Report of Injury within 12 months from the date of the accident or within one (1) year from the knowledge of an occupational disease. You can submit this form to your employer, insurer, or the Department of Labor and Industry.

All employees sustaining a compensable work related injury or occupational disease, other than those who are exempted by statute (Section 39-71-401, MCA), are covered for medical and wage-loss benefits.

### **Prior to the Insurer's designation or approval of a Treating Physician you may choose your initial Health Care Provider.**

You may continue to receive treatment from your initial health care provider until the insurer designates a treating physician other than your initial health care provider. After providing you with a notice of a designated or approved treating physician, the insurer is no longer liable for treatment provided by other health care providers unless authorization is obtained to continue treatment.

**For specific information about this policy, call or write your employer's insurance carrier:**

**For general information about workers' compensation, call or write:  
Montana Department of Labor and Industry, Employment Relations  
Division, P.O. Box 8011, Helena, MT 59604-8011, Phone (406) 444-6543.**

FAILURE TO POST THIS SIGN OR POSTING AN ALTERED SIGN IN THE  
WORKPLACE WILL RESULT IN A \$50 FINE AGAINST THE EMPLOYER!