

# WORKERS' COMPENSATION



is a system of benefits provided by law to most workers who have job-related injuries or illnesses. Benefits are paid for injuries that are caused, in whole or in part, by an employee's work. This may include the aggravation of a pre-existing condition, injuries brought on by the repetitive use of a part of the body, heart attacks, or any other physical problem caused by work. Benefits are paid regardless of fault.

## IF YOU HAVE A WORK-RELATED INJURY OR ILLNESS, TAKE THE FOLLOWING STEPS:

- 1. GET MEDICAL ASSISTANCE.** By law, your employer must pay for all necessary medical services required to cure or relieve the effects of the injury or illness. Where necessary, the employer must also pay for physical, mental, or vocational rehabilitation, within prescribed limits. The employee may choose two physicians, surgeons, or hospitals. If the employer notifies you that it has an approved Preferred Provider Program for workers' compensation, the PPP counts as one of your two choices of providers.
- 2. NOTIFY YOUR EMPLOYER.** You must notify your employer of the accidental injury or illness within 45 days, either orally or in writing. To avoid possible delays, it is recommended the notice also include your name, address, telephone number, Social Security number, and a brief description of the injury or illness.
- 3. LEARN YOUR RIGHTS.** Your employer is required by law to report accidents that result in more than three lost work days to the Workers' Compensation Commission. Once the accident is reported, you should receive a handbook that explains the law, benefits, and procedures. If you need a handbook, please call the Commission or go to the Web site.

If you must lose time from work to recover from the injury or illness, you may be entitled to receive weekly payments and necessary medical care until you are able to return to work that is reasonably available to you.

It is against the law for an employer to harass, discharge, refuse to rehire or in any way discriminate against an employee for exercising his or her rights under the Workers' Compensation or Occupational Diseases Acts. If you file a fraudulent claim, you may be penalized under the law.

- 4. KEEP WITHIN THE TIME LIMITS.** Generally, claims must be filed within three years of the injury or disablement from an occupational disease, or within two years of the last workers' compensation payment, whichever is later. Claims for pneumoconiosis, radiological exposure, asbestosis, or similar diseases have special requirements.

Injured workers have the right to reopen their case within 30 months after an award is made if the disability increases, but cases that are resolved by a lump-sum settlement contract approved by the Commission cannot be reopened. Only settlements approved by the Commission are binding.

For more information, go to the Illinois Workers' Compensation Commission's Web site or call any office:

Chicago: 312/814-6500      Collinsville: 618/346-3450      Peoria: 312/814-6500      Springfield: 217/785-7087  
 Web site: [www.iwcc.il.gov](http://www.iwcc.il.gov)      Rockford: 312/814-6500      TDD (Deaf): 866/383-4370

**BY LAW, EMPLOYERS MUST DISPLAY THIS NOTICE IN A PROMINENT PLACE IN EACH WORKPLACE AND COMPLETE THE INFORMATION BELOW.**

Party handling workers' compensation claims	THE TRAVELERS INDEMNITY COMPANY OF AMERICA		
Business address	THE TRAVELERS INSURANCE COMPANIES P.O. BOX 660456 DALLAS, TX 75266-0456		
Business phone	(800) 238-6225		
Effective date	08-24-25	Termination date	08-24-26
Policy number	UB-B7304591-25-42-E	Employer's FEIN	592944301

# COMPENSACION A LOS TRABAJADORES



es un sistema de beneficios que por ley se provee a la mayoría de trabajadores que se han enfermado o accidentado en el trabajo. Los beneficios son pagados por lesiones que son causadas en parte o completamente por el trabajo del trabajador. Esto puede incluir el agravante o una condición pre-existente, lesiones causadas por uso repetitivo de una parte del cuerpo, ataques cardíacos, o cualquier otro problema físico causado por el trabajo. Los beneficios son pagados sin importar la causa.

## SI USTED SUFRE DE UNA LESION O ENFERMEDAD RELACIONADA AL TRABAJO, USTED DEBE TOMAR LAS SIGUIENTES MEDIDAS:

- 1. OBTENGA AYUDA MEDICA.** Por ley, su empleador debe pagar por todos los servicios médicos necesarios que se requieran para aliviar los síntomas de lesión o enfermedad. Si es necesario, el empleador debe pagar por rehabilitación física, mental o profesional dentro de los límites establecidos. El trabajador puede escoger dos doctores, cirujanos u Hospitales. Si el empleador le notifica que tiene un programa de proveedor preferido (PPP) aprobado para la compensación de trabajadores, el PPP cuenta como una de las dos opciones de proveedores.
- 2. NOTIFIQUE A SU EMPLEADOR.** Usted debe notificar a su empleador del accidente o enfermedad dentro de 45 días, ya sea por escrito o verbalmente. Para evitar posibles demoras, es recomendable que la nota incluya su nombre, dirección, número telefónico, número de Seguro Social, y una breve descripción de la lesión o enfermedad.
- 3. CONOZCA SUS DERECHOS.** Su empleador por ley debe reportar accidentes que resulten en más de tres días de ausencia al trabajo, a la Comisión de Compensación para Trabajadores. Una vez que el accidente es reportado, usted recibirá un manual que explica la ley, beneficios y procedimientos. Si necesita un manual, por favor llame a la Comisión o visite nuestra red.

Si usted tiene que faltar al trabajo para recuperarse de la lesión o enfermedad, usted tiene derecho a recibir pagos semanales y atención médica necesaria hasta que este capacitado para regresar a trabajar y que el trabajo este de acuerdo a sus capacidades.

Es contra la ley que el empleador moleste, despidan o se niegue a reemplazar o de alguna manera discrimine contra un trabajador por ejercitar sus derechos de conformidad con las leyes que rigen el seguro de accidentes de trabajo de enfermedades profesionales. Si usted hace una demanda fraudulenta, podrá ser castigado por la ley.

- 4. MANTENGASE DENTRO DEL LIMITE DE TIEMPO.** Usualmente, las quejas deben ser presentadas dentro de los primeros tres años del accidente o incapacidad de una enfermedad profesional, o dentro de dos años del último pago de compensación de trabajo, lo que sea más reciente. Quejas por neumoconiosis, exposición radiológica, asbestos, o enfermedades similares tienen requerimientos especiales.

Los trabajadores accidentados tienen derecho para volver a abrir su caso dentro de 30 meses después que la Comisión haya otorgado una decisión y la incapacidad haya incrementado, pero en casos resueltos por una suma global aprobada por la Comisión no pueden volver a abrirse. Únicamente las decisiones aprobadas por la Comisión son obligatorias.

Para mas información, visite la Red de la Comisión de Compensación para Trabajadores o llame a nuestras oficinas:

Chicago: 312/814-6500 Peoria: 312/814-6500 Springfield: 217/785-7087  
Web site: [www.iwcc.il.gov](http://www.iwcc.il.gov) Collinsville: 618/346-3450 Rockford: 312/814-6500 TDD (Sordo): 866/383-4370

### LOS EMPLEADORES DEBEN EXHIBIR ESTE AVISO EN UN LUGAR VISIBLE PARA TODOS LOS TRABAJADORES Y LLENAR LA INFORMACIÓN REFERENTE A LA COMPAÑIA DE SEGUROS.

Nombre: TRAVELERS COMMERCIAL CASUALTY COMPANY

Dirección de la Compañía: THE TRAVELERS INSURANCE COMPANIES  
P.O. BOX 660456  
DALLAS, TX 75266-0456

Teléfono de la Compañía: (800) 238-6225

Fecha efectiva: 08-24-25 Fecha de terminación: 08-24-26

Número de Póliza: UB-B7304591-25-42-E FEIN del Empleador: 592944301



# South Carolina Workers' Compensation

## Workers' Compensation Compliance Poster

### We are operating under and subject to the South Carolina Workers' Compensation Act

In case of accidental injury or death to an employee, the injured employee, or someone acting in his or her behalf, must give immediate notice to the employer or general authorized agent. Failure to give such immediate notice may be the cause of serious delay in the payment of compensation to the injured employee or his or her dependents and may result in failure to receive any compensation benefits under the law.

### Workers' Compensation:

1. Pays 100% of your medical bills and some other expenses.
2. Compensates you for 66 2/3% of your salary, limited to the maximum wage set by law, if you are unable to work for more than seven (7) calendar days.

### If you are injured on the job, you should:

1. Notify your employer at once. You cannot receive benefits unless your employer knows you are injured.
2. Tell the doctor your employer sends you to that you are covered by workers' compensation.
3. Notify the Workers' Compensation Provider listed on this poster or the South Carolina Workers' Compensation Commission at 803.737.5700 if you experience undue delays or problems with your claim.

South Carolina  
Workers' Compensation Commission  
P.O. Box 1715, 1333 Main Street, Suite 500  
Columbia, S.C. 29202-1715  
803-737-5700  
[www.wcc.sc.gov](http://www.wcc.sc.gov)

### Workers' Compensation Provider Name

THE PHOENIX INSURANCE COM  
PANY

### Mailing Address

ONE TOWER SQUARE  
HARTFORD, CT 06183

### Claims Telephone Number

(800) 238-6225

NAMED INSURED: MBI DIRECT MAIL + DIGITAL, INC

POLICY NUMBER: UB-B7304591-25-42-E

EFFECTIVE DATE: 08-24-25

**GUNTHER OPERATOR:**

**MANUALLY INSERT 1 COPIES OF THE  
FLORIDA OVERSIZED POSTING NOTICES**

**W09P1 — (ENGLISH)**

**AND**

**W09P2 — (SPANISH)**

**ATTACH STICKERS THAT MATCH DATA BELOW:**

EMPLOYER-Name:	MBI DIRECT MAIL + DIGITAL, INC 710 W NEW HAMPSHIRE AVE
Address:	DELAND FL 32720
CARRIER-Name:	THE TRAVELERS INSURANCE COMPANIES
Address:	VARIES BY LOCATION
AGENT-Name:	LASSITER-WARE LLC
POLICY NUMBER:	UB-B7304591-25-42-E

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EMPLOYER - Name: MBI DIRECT MAIL + DIGITAL, INC  
Address: 710 W NEW HAMPSHIRE AVE  
DELAND FL 32720

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Address: 710 W NEW HAMPSHIRE AVE  
DELAND FL 32720

CARRIER - Name: THE TRAVELERS INSURANCE COMPANIES  
Address: P.O. BOX 4614  
BUFFALO, NY 14240-4614

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Address: P.O. BOX 4614  
BUFFALO, NY 14240-4614

AGENT - Name: LASSITER-WARE LLC  
POLICY NUMBER: UB-B7304591-25-42-E  
Eff. Date: 08-24-25  
Exp. Date: 08-24-26

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