

# How to respond to a workplace injury:

- For life-threatening medical emergencies, call **911**.
- For non-life-threatening injuries, call the **24/7 Nurse Line at (844) 581-0828** to report the incident and get your employee the right care.

# 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

( \_\_\_\_\_ ) Insurance Company

for the period

Beginning ..... Ending .....

Employer .....

***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, Articulo 5, revision de estatutos del Estado de New Jersey, asegurandolos con.**

**( \_\_\_\_\_ ) Compañia de Seguro**

**por el periodo**

**Comenzando ..... Terminando .....**

**Patron .....**

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