

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.

STATE OF NEW HAMPSHIRE
WORKERS' COMPENSATION LAW
NOTICE OF COMPLIANCE

TO EMPLOYEES

1. You are required by law (RSA 281-A: 19) to report promptly to your employer an occupational injury or disease, even if you deem it to be minor. Form No. 8WCA, Notice of Accidental Injury or Occupational Disease, may be used for that purpose (RSA 281-A: 20, 21). After you have completed the form and made it available to him or her, your employer must acknowledge receipt by signing and giving you a copy.
2. You are entitled to the services of a physician. This physician shall be within a managed care network, if applicable under RSA 281-A: 23-a.
3. You may not sue your employer as a result of a work connected injury or disease by reason of your eligibility for benefits under the Workers' Compensation Law.

TO EMPLOYERS

1. You are required to display this poster so that it will be of the greatest possible benefit to your employees (RSA 281-A: 4).
2. You are required to file an Employer's First Report of Injury or Occupational Disease, Form No. 8 WCA, with the Labor Commissioner as soon as possible, but no later than five days after learning of the occurrence of any injury (RSA 281-A:53, I). A copy of this form must also be provided to the nearest claims office of your insurance carrier unless the injury requires one-time treatment costing under \$2,000 and you pay the medical bill within 30 days. (RSA 281-A: 53, I and Lab 504.02). If the injury requires any additional treatment or results in lost time, you must notify your insurance carrier of the injury (Lab 504.02).
3. You are required to report to the Labor Commissioner any occupational disability, whether total or partial, of four or more days (RSA 281-A:22), on an Employer's Supplemental Report of Injury, form No 13 WCA, as soon as possible but no later than ten days after the date of knowledge thereof (RSA 281-A:53, I and II).
4. You are required to furnish, or cause to be furnished, reasonable medical and hospital services, other remedial care or vocational rehabilitation, and various types of disability compensation to an injured or disabled employee in accordance with RSA 281-A:23, 25, 26, 28, 29, 31, and 32.
5. All employers with 5 or more full time employees shall develop temporary alternative work opportunities for injured employees in accordance with RSA 281-A:23-b. Employer may be obligated to reinstate employees sustaining a compensable injury in accordance with RSA 281-A: 25-a.
6. You are required to obtain from the carrier identified below a supply of all required workers' compensation forms. NOTICE- Violation of the various provisions of the Workers Compensation Law carries civil penalties, court fines or both.

Rudolph W. Ogden, III
Deputy Labor Commissioner

Ken Merrifield
Commissioner of Labor

The undersigned employer hereby gives notice of compliance with all provisions of the workers' Compensation Law and Administrative Regulations of the Labor Commissioner of the State of New Hampshire pursuant to Revised Statutes Annotated, Chapter 281-A:, as amended

Name of Insurance Company
Or self-insurer:

Sirius America Insurance Company

Name of Employer:

By

Employer Identification No.
(If number unknown, Employer to request from IRS)

This notice must be posted conspicuously in and about the employer's place or places of business.

Prescribed by Labor Commissioner
State of New Hampshire
WCP-1 (07-18)



State of New Hampshire Department of Labor

Criteria to Establish an Employee or Independent Contractor

“Employee” means and includes every person who may be permitted, required, or directed by any employer, in consideration of direct or indirect gain or profit, to engage in any employment, but shall not include any person exempted from the definition of employee as stated in RSA 281-A:2, VI(b)(2), (3), or (4), or RSA 281-A:2, VII(b), or a person providing services as part of a residential placement for individuals with developmental, acquired, or emotional disabilities, or any person who meets all of the following criteria:

- (a) The person possesses or has applied for a federal employer identification number or social security number, or in the alternative, has agreed in writing to carry out the responsibilities imposed on employers under this chapter.
- (b) The person has control and discretion over the means and manner of performance of the work, in that the result of the work, rather than the means or manner by which the work is performed, is the primary element bargained for by the employer.
- (c) The person has control over the time when the work is performed, and the time of performance is not dictated by the employer. However, this shall not prohibit the employer from reaching an agreement with the person as to completion schedule, range of work hours, and maximum number of work hours to be provided by the person, and in the case of entertainment, the time such entertainment is to be presented.
- (d) The person hires and pays the person’s assistants, if any, and to the extent such assistants are employees, supervises the details of the assistants’ work.
- (e) The person holds himself or herself out to be in business for himself or herself or is registered with the state as a business and the person has continuing or recurring business liabilities or obligations.
- (f) The person is responsible for satisfactory completion of work and may be held contractually responsible for failure to complete the work.
- (g) The person is not required to work exclusively for the employer.

**INSPECTION DIVISION
P O BOX 2076
CONCORD NH 03302-2076
(603) 271-1492 & 271-3176**

**Rudolph W. Ogden, III
Deputy Commissioner**

**Ken Merrifield
Commissioner**

THIS NOTICE MUST BE POSTED IN A CONSPICUOUS PLACE

Rev. 02-01-18



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR**

WORKER'S RIGHT TO KNOW ACT

Revised Statutes Annotated Chapter 277-A, as amended

EMPLOYEES

**YOU HAVE A RIGHT
TO KNOW ABOUT
TOXIC SUBSTANCES
USED IN THIS
WORKPLACE**

The New Hampshire "Right to Know" law (RSA 277-A) guarantees that:

- You be notified by a posting of the long and short-term health hazards of all toxic substances that you may come into contact with.
- You be trained by your employer in the safe use and handling of these toxic materials.
- You have the right to request complete information, in the form of a Material Safety Data Sheet, from your employer on any toxic substance you may have contact with. Your employer must respond to this request within five working days.

To learn more about the toxic materials used in this workplace, and to obtain Material Safety Data Sheets, contact the employer representative listed below.

(EMPLOYER REPRESENTATIVE'S NAME)

**NH DEPARTMENT OF LABOR
PO BOX 2076
CONCORD NH 03302-2076**

**Rudolph W. Ogden, III
Deputy Commissioner**

**Ken Merrifield
Commissioner**