

# **WORKER'S COMPENSATION NOTICE**

Your employer is required to provide for payment of benefits under the Worker's Compensation Act of the State of Indiana.

Any employee who is injured at work should report the injury immediately to their supervisor, employer, or designated representative.

The Worker's Compensation insurance for

**Child Adult Resource Services is:**

**Eastern Alliance**

Name of Carrier

**PO Box 14138**

Mailing address

**Lexington, KY 40512**

City State Zip

**1-855-533-3444**

Phone Number

**Megan Moore**

Contact Person

For more information about your rights or procedure under the Indiana Worker's Compensation system, call or write:

Workers Compensation Board of Indiana

Ombudsman Division

402 W Washington St, Room W196

Indianapolis, IN 46204

317-232-3808

1-800-824-2667

