

COMMONWEALTH OF KENTUCKY WORKERS' COMPENSATION NOTICE

Employees of this business are covered by the Kentucky Workers' Compensation Act (KRS Chapter 342). Conspicuous posting of this Notice is required by law.

Employer.Name:	VANDERHOUWEN & ASSOCIATES INC
	6342 S MACADAM AVE
Address:	PORTLAND OR 97239
Workers Compens	sation Carrier (or third party administrator):
THE HANOVER IN	SURANCE COMPANY
Policy: WH2-	H365877-02 , effective 10/01/2022 to 10/01/2023
Address: 440 Lin	ncoln St, Worcester, MA 01653
Telephone: 1-800	0-628-0250 , Contact Person
	INJURED - NOTIFY your supervisor IMMEDIATELY; when possible
MEDICAL CARE medical facility to Plan employee se except in certain EMPLOYEE MUS furnished by your This employer IS [The name of the M its representative	MEDICAL CARE. Your employer must pay for ALL NECESSARY to treat a workplace injury. The employee may select the physician or render care. If the employer is enrolled in an approved Managed Care election of physicians is LIMITED to the Approved Provider Network, emergencies. FOR INJURIES REQUIRING CONTINUING CARE the T DESIGNATE A TREATING PHYSICIAN, a form to do so will be employer or its insurance carrier. IS NOT participating in a Managed Care Plan for medical care. Itanaged Care Plan is
DISABILITY BEN under the Workers BE filed with the	EFITS to replace wages lost due to a workplace injury are payable compensation Act after seven (7) day of disability. A CLAIM MUST Department of Workers' Claims WITHIN TWO YEARS of the date of ment of temporary total disability benefits.
about workers' co DEPARTMENT OF	CE? Contact your employer's claim representative. If your questions ompensation rights are not promptly answered, call THE KENTUCKY WORKERS CLAIMS at 1-800-554-8601 to speak to an Ombudsman opensation Specialist.
FMPLOYER SUP	FRVISORS - NOTIEV MANAGEMENT IMMEDIATELY OF ALL

INJURIES SO THAT TIMELY REPORT CAN BE MADE AS REQUIRED BY LAW.

04/09/09