

# 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 while at work should report the injury immediately to their supervisor, employer, or designated representative.

The worker's compensation insurance carrier or the administrator for

VANDERHOEWEN & ASSOCIATES INC is: THE HANOVER INSURANCE COMPANY  
(name of company) (name of insurance carrier or administrator)

\_\_\_\_\_  
(name of carrier/administrator)

440 Lincoln Street  
(mailing address)

Worcester, MA 01653-002  
(city, state, zip)

(800)628-0250  
(telephone number)

Customer Care Center  
(contact person)

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

Worker's Compensation Board of Indiana  
Ombudsman Division  
402 W. Washington St., Rm W 196  
Indianapolis, IN 46204  
(317) 232-3808  
1-800-824-2667



## **NOTICIA DE COMPENSACION PARA TRABAJADORES**

A su empleador le es requerido proveer pagos de beneficios bajo el Acta de Compensacion para Trabajadores del Estado de Indiana.

Cualquier empleado que sea lesionado mientras este trabajando debe reportar el accidente laboral inmediatamente a su supervisor, empleador o representante designado.

La compania de seguro de compensacion del trabajador o el adminstrador de la compania VANDERHOUWEN & ASSOCIATES INC es:  
(nombre de la compania)

THE HANOVER INSURANCE COMPANY  
(nombre de la campania de seguro/administrador)

440 Lincoln Street  
(direccion)

Worcester, MA 01653-002  
(ciudad,estado,codigo postal)

(800)628-0250  
(numero de telefono)

Customer Care Center  
(persona de contacto)

Para mas informacion acerca de sus derechos o los procedimientos bajo el sistema de compensacion para trabajadores de Indiana, llame o escriba a:

Worker's Compensation Board of Indiana  
Ombudsman Division  
402 W. Washington St., Rm W196  
Indianapolis, IN 46204  
(317) 232-3808  
1-800-824-2667