

**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*

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COMMONWEALTH SOCCER CLUB INC  
PO BOX 23253  
LEXINGTON KY 40523-3253

Policy Number: 408598  
Effective: 02/04/2016-02/04/2017

Commonwealth Soccer Club Inc

**Location Name: Commonwealth Soccer Club Inc**

**Workers' Compensation Carrier:**

**Kentucky Employers' Mutual Insurance**

**250 W Main St Lexington, KY 40507**

**Contact KEMI Center for Assistance:**

**1-800-868-4553 or 1-859-425-7800**

**REPORT AN INJURY**

EMPLOYEES: If injured, notify your supervisor immediately: when possible, notice should be in writing. Failure to notify your supervisor could result in denial of benefits. Obtain medical care. Your employer must pay for all necessary medical care to treat a workplace injury. The employee may select the physician or medical facility to render care. If the employer is enrolled in an approved Managed Care Plan, employee selection of physicians is limited to the Approved Provider Network, except in certain emergencies. For injuries requiring continuing care, the employee must designate a treating physician. A form to do so will be furnished by your employer or its insurance carrier.

This employer is participating in a Managed Care Plan for medical care. The Managed Care Plan is Bluegrass Health Network. For information call 1-800-868-4553 or 1-859-425-7800.

DISABILITY BENEFITS to replace wages lost due to a workplace injury are payable under the Workers' Compensation Act after seven (7) days of disability. A Claim must be filed with the Office of Workers' Claims within two years of the date of injury, or last payment of temporary total disability benefits.

**NEED ASSISTANCE?**

Contact your employer's claim representative. If your questions about workers' compensation rights are not promptly answered, call The Kentucky Office of Workers' Claims at 1-800-554-8601 to speak to an Ombudsman or Workers' Compensation Specialist.

EMPLOYER SUPERVISORS – NOTIFY MANAGEMENT IMMEDIATELY OF ALL INJURIES SO THAT TIMELY REPORTS CAN BE MADE AS REQUIRED BY LAW.

