STATE OF NEW YORK - WORKERS' COMPENSATION BOARD
ESTADO DE NUEVA YORK - JUNTA DE COMPENSACION OBRERA

www.wcb.ny.gov
Statewide Fax Line: 877-533-0337

NOTICE OF COMPLIANCE

TO EMPLOYEES

IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE INJURED OR SUFFER AN OCCUPATIONAL DISEASE WHILE WORKING.

1. By posting this notice and information concerning your rights as an injured worker, your employer is incompliance with the Workers' Compensation Law.

2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.

3. You are entitled to obtain any necessary medical treatment and should do so immediately.

4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.

5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.

6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.

7. You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.

8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.

9. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

WORKERS' COMPENSATION BOARD OFFICES
Albany, 12241 - 100 Broadway-Menands - (866) 750-5157
*Brooklyn, 11201 - 111 Livingston St. - Brooklyn - (800) 877-1373
Binghamton, 13901 - State Office Bldg.-44 Hawley St.- (866) 802-3604
Buffalo, 14202 - 369 Franklin Street - (866) 211-0645
*Hauppauge, 11788 - 220 Rabro Drive - Suite 100 - (866) 681-5354
*Hempstead, 11550 - 175 Fulton Avenue - (866) 805-3630
*New York, 10027 - 215 W.125th St. - Manhattan - (800) 877-1373
*Peekskill, 10566 - 41 North Division St. - (866) 746-0552
*Queens, 11432 - 168-46 91st Ave. - Jamaica (800) 877-1373
Rochester, 14614 - 130 Main Street West - (866) 211-0644
Syracuse, 13203 - 935 James St. - (866) 802-3730

***DOWNSTATE MAIL ADDRESS** Claims-related mail for the Hauppauge, Hempstead, Peekskill and all NYC offices should be mailed to: PO Box 5205 Binghamton, NY 13902-5205

AVISO DE CUMPLIMIENTO

A EMPLEADOS

INFORMACION IMPORTANTE PARA EMPLEADOS QUE SEAN LESIONADOS O SUFRAN UNA ENFERMEDAD OCUPACIONAL MIENTRAS TRABAJAN.

1. Su patrono está cumpliendo la Ley de Compensación Obrera cuando despliega este comunicado concerniente a sus derechos como trabajador lesionado.

2. Si usted no notifica a su patrono dentro del término de 30 días de haber sufrido su lesión su reclamación podria ser desestimada, por eso notifique inmediatamente.

3. Usted tiene derecho a recibir cualquier tratamiento médico necesario relacionado con su lesión y debe gestionarlo inmediatamente.

4. Para el tratamiento de cualquier lesión o enfermedad relacionadacon el trabajo, usted puede escoger cualquier medicó, podiatra, quiropractico o psicologo (si es referido por un medicó autorizado) que esté autorizado y acepte pacientes de la Juntade Compensación Obrera. Sin embargo, si su patrono está autorizado a participar una organizacion certificada de proveedores preferidos (PPO) usted deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquier de estos programas establecidos por ley estan obligadosa proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que esté acogido.

5. Usted deberá requerir de su Medicó que radique copias de los informes medicós de su caso en la Junta de Compensación Obrera y en la compania de seguros de su patrono, que se indica al final de esta forma.

6. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete dias, le obliga a trabajar a sueldo más bajo ó resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo.

7. No pague a ningun proveedor medicó directamente por tratamiento de su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso ó la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podria ser responsable del pago de las facturas.

8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado ó por representante licenciado si usted asi lo desea. Si es representado, no pague al abogado ó al representante licenciado. Cuando la Junta decida su caso, los honorarios seran determinados por la Junta y descontados de sus beneficios.

9. Si tiene dificultad en conseguir un formulario de reclamación ó necesita ayuda para llenario ó tiene dudas sobre cualquier situación relacionada con una lesión ó enfermedad comuniquese con la oficina mas cercana de la Junta.

Clarissa M. Rodriguez
Chair (Presidenta)

Workers' Compensation Benefits, when due, will be paid by (Los beneficios de Compensación Obrera, cuandos debidos, seran pagados por):

THE STATE INSURANCE FUND
199 Church Street, New York, N. Y. 10007
(212) 312-9000

Effective From 04/27/2018 **To** cancellation
(En Vigor Desde) **(Hasta** cancellation**)**

Policy No. L 2357 745-5
(Poliza No.)

Name of employer (Nombre de patrono)

MJ BOYD, LLC
400 MADISON AVENUE, 1202
NEW YORK NY 10017

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Failure by an employer to post this notice in and about the employer's place or places of business may result in a $250 penalty for each violation.

C-105 (08-2009)
S. I. F. U-30
"LOSSIFSN"

PRESCRIBED BY CHAIR
WORKERS' COMPENSATION BOARD
STATE OF NEW YORK

www.wcb.ny.gov

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NYSIF New York State Insurance Fund

NOTIFICATION CONCERNING WORKERS' COMPENSATION PHARMACY BENEFITS

Please read this notice carefully. It provides you with important information on getting medication under a workers' compensation claim with the New York State Insurance Fund (NYSIF).

NYSIF has entered into an agreement with CVS Caremark, a Pharmacy Benefits Manager (PBM), which has a network of pharmacies to make available the medications workers may receive for their **work-related** injury or sickness. This does not change your right to get the medication necessary to treat such an illness or injury. It only means that you should obtain that medication from a participating pharmacy in the CareComp pharmacy network administered by CVS Caremark. This network is not limited to CVS pharmacies, but includes over 67,000 participating pharmacies. The pharmacies, and their addresses, can be obtained by:

- calling the CVS Caremark Call Center at **(866) 493-1640**, or TDD number for hearing impaired: **(866) 200-2161**
- using the website **www.wcrxpharmacylocator.com**
- using the NYSIF website **nysif.com**

If you are obtaining your medication through a workers' compensation claim, you should obtain that medication from one of these pharmacies unless:

- You have a medical emergency and it is not reasonably possible to purchase the medications you need for that emergency from a network pharmacy, or
- Ordering by mail or telephone is not an option in the network, no pharmacy in the network will deliver to you, and none of these pharmacies is within 15 miles if you live in a rural location, or five miles if you do not live in a rural location. If you believe this is the case for you, please call one of the numbers on the bottom of this page.

Please note that CVS Caremark has mail-order, internet and telephone services. Instructions can be obtained by calling CVS Caremark Call Center at (866) 493-1640.

All pharmacies in the network are required to keep a sufficient stock of medication on hand so that they can service you without undue delay.

All in-store pharmacies must be open for business during hours that are typical in your community.

Pharmacies in the CareComp pharmacy network will bill NYSIF directly. **You will not have to pay out-of-pocket costs for medication.**

You may obtain additional information about the CareComp pharmacy network by calling the toll free 24 hour telephone number: (866) 493-1640.

If you have any questions or problems, please call NYSIF at (888) 875-5790. You may also contact the New York State Workers' Compensation Board at general_information@wcb.ny.gov or by phone at (877) 632-4996, or the Advocate for Injured Workers at 800-580-6665. You may also find further information on the web at **www.wcb.ny.gov**.

POLICYHOLDER - PLEASE POST CONSPICUOUSLY