

# DEPARTMENT OF HEALTH AND HOSPITALS

## Notice of Compliance to Employees

Rev 2/07

- I. You should report to your employer any occupational disease or personal injury that is work related, even if you deem it to be minor.
- II. In case of an occupational disease, all claims are barred unless the employee files a claim with his employer within six (6) months of the date that:
- A. The disease manifests itself;
  - B. The employee is disabled as a result of the disease;
  - C. The employee knows or has reasonable grounds to believe that the disease is occupationally related.

In case of death arising from an occupational disease, all claims are barred unless the department(s) file a claim with the deceased employee's employer within six months of :

- 1) The date of death;
- 2) The date the claimant has reasonable grounds to believe that the death resulted from an occupational disease.

- III. In cases of personal injury or death arising out of and in the course of employment, an injured employee, or any person claiming to be entitled to compensation either as a claimant or as a representative of a person claiming to be entitled to compensation, must give notice to the employers within thirty days of the injury. If notice is not given within thirty days, no payments will be made under the law for such injury of death.
- IV. The above mentioned claims should be filed with the employer at the address shown below.
- V. In the event you are injured, you are entitled to select a physician of your choice for treatment. The employer may choose another physician and arrange an examination which you would be required to attend.
- VI. In order to preserve your right to benefits under the Louisiana Worker's Compensation Law, you must file a formal claim with the Office of Workers Compensation Administration within one year after the accident if payments have not been made or within one year after the last payment of weekly benefits.
- VII. This notice shall be given by delivering it or sending it by certified mail or return receipt request to:

Department of Health and Hospitals  
Office of the Secretary/Office of Management & Finance  
Division of Human Resources, Training & Staff Development  
628 N. 4<sup>th</sup> Street, 8<sup>th</sup> Floor  
P. O. Box 4818  
Baton Rouge, LA 70821-4818

### **NOTE ALL CLAIMS SHOULD BE COMPLETED BY THE RESPONSIBLE DESIGNEE IN YOUR RESPECTIVE OFFICE THEN SUBMITTED TO THE ADDRESS LISTED ABOVE.**

Inaccuracies in this notice of disease, injury, or death regarding the time, place, nature or the cause of the injury or otherwise will not be held against the employee unless the employer can show harm from being misled about the facts.

Failure to give notice may not harm the employee if the employer knew of the accident or if the employer was not prejudiced by the delay or failure to give notice. (Refer to Section 1304 and Section 1305 of the Title 23 of the Louisiana Revised Statutes for the exact wording.)

- VIII. If you desire any information regarding your rights and entitlement to benefits as prescribed by law, you may call or write to the Office of Workers' Compensation Administration, P. O. Box 94040, Baton Rouge, LA 70804

**THIS NOTICE SHOULD BE POSTED CONSPICUOUSLY ABOUT EMPLOYER'S PLACE(S) OF BUSINESS.**