

# STATE OF NEW HAMPSHIRE WORKERS' COMPENSATION LAW

## NOTICE OF COMPLIANCE


### TO EMPLOYEES

- 1 You are required by law (RSA 281-A:19) to report promptly to your employer an occupational injury or disease, even if you deem it to be minor. Form No.8a WCA, Notice of Accidental Injury or Occupational Disease, may be used for that purpose (RSA 281-A:20,21). After you have completed and made it available to him or her, your employer must acknowledge receipt by signing and giving you a copy.
- 2 You are entitled to the services of a physician. This physician shall be within a managed care network, if applicable under RSA 281-A:23a.
- 3 You may not sue your employer as a result of work-connected injury or disease by reason of your eligibility for benefits under the Workers' Compensation Law.

### TO EMPLOYERS

- 1 You are required to display this poster so that it will be of the greatest possible benefit to your employees (RSA 281-A:4).
- 2 You are required to file an Employer's First Report of Injury or Occupational Disease, form No. 8 WC, with the Labor Commissioner, copy to the nearest claims office of your insurance carrier, on all occupational injuries or diseases resulting in one visit to a physician, other than a house physician, as soon as possible but no later than five days after the date of knowledge thereof (RSA 1-A:53. I).
- 3 You are required to report to the Labor Commissioner, copy as in 2 above, any occupational disability, whether total or partial, of four or more days (RSA 281-A:22), on an Employer's Supplemental Report of Injury, form No. 13 WCA, as soon as possible, but no later than ten days after the date of knowledge thereof (RSA 281-A:53, I and II).
- 4 You are required to furnish, or cause to be furnished, reasonable medical and hospital services, other medical care or vocational rehabilitation, and various types of disability compensation, to an injured or disabled employee in accordance with RSA 281-A:23.
- 5 All employers with 5 or more full time employees shall develop temporary alternative work opportunities for injured employees in accordance with RSA 281-A:23-b. Employers may be obligated to reinstate employees sustaining a compensable injury in accordance with RSA 281-A:25-a.
- 6 You are required to obtain from the carrier identified below a supply of all required workers' compensation forms.

NOTICE - Violation of the various provisions of the Workers' Compensation Law carries civil penalties, court fines, or both.



James D. Casey  
Labor Commissioner

The undersigned employer hereby gives notice of compliance with all provisions of the Workers' Compensation Law and Administrative Regulations of the Labor Commissioner of the State of New Hampshire pursuant to Revised Statutes Annotated, Chapter 281-A, as amended


Name of Insurance Company  
or Self-Insurer:

A.I.M. Mutual Insurance Co  
54 Third Avenue  
P.O. Box 4070  
Burlington, MA 01803-0970

Name of Employer:

Franklin Pierce University  
40 University Drive  
Rindge, NH 03461

By \_\_\_\_\_



02-0263136

Employer Identification No.

(If number unknown, Employer to request from IRS)

This notice must be posted conspicuously in and about the Employer's place or places of business.

Prescribed by Labor Commissioner  
State of New Hampshire

**NOTICE TO EMPLOYEES**  
**Re: Arizona Workers' Compensation Law**

All employees are hereby notified that this employer has complied with the provisions of the Arizona Workers' Compensation Law (Title 23, Chapter 6, Arizona Revised Statutes) as amended, and all the rules and regulations of The Industrial Commission of Arizona made in pursuance thereof, and has secured the payment of compensation to employees by insuring the payment of such compensation with:  
TWIN CITY FIRE INSURANCE COMPANY

All employees are hereby further notified that in the event they do not specifically reject the provisions of the said compulsory law, they are deemed by the laws of Arizona to have accepted the provisions of said law and to have elected to accept compensation under the terms thereof; and that under the terms thereof employees have the right to reject the same by written notice thereof prior to any injury sustained, and that blanks and forms for such notice are available to all employees at the office of this employer.

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**PARA SER COLOCADO POR EL PATRON**      **NUMERO DE POLIZA** 08 WEC TK3755

**AVISO A LOS EMPLEADOS**  
**RE: LEY DE COMPENSACIÓN PARA LOS TRABAJADORES DE ARIZONA**

A todos los empleados se les notifica por este medio que patrón ha cumplido con las provisiones de la Ley de Compensación para los Trabajadores de Arizona (Titulo 23, Capítulo 6, Estatutos Emmandados de Arizona) tal como han sido enmendados, y con todos las regias y ordenanzas de La Comisión Industrial de Arizona hechas en cumplimiento de ésta, y ha asegurado el pago de compensación a los empleados garantizando el pago de dicha compensación por medio de;  
TWIN CITY FIRE INSURANCE COMPANY

Además, a todos los empleados se les notifica por este medio que en caso de que específicamente ellos no rechazen las disposiciones de dicha ley obligatoria, se les considerará bajo las leyes de Arizona de haber aceptado las provisiones de dicha ley y de haber escogido aceptar compensación bajo estos términos; también bajo estos términos los empleados tienen el derecho de rechazar la misma por medio de una notificación por escrito antes de que sufran alguna lesión, todos los formularios o formas en blanco para tal notificación por escrito estarán disponibles para todos los empleados en la oficina de este patrón.

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**KEEP POSTED IN A CONSPICUOUS PLACE.**

**COLOQUESE EN LUGAR VISIBLE**

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\*0001208TK37550101



## WORK EXPOSURE TO BODILY FLUIDS

### NOTICE TO EMPLOYEES

Re: Human Immunodeficiency Virus (HIV)  
& Acquired Immune Deficiency Syndrome (AIDS) & Hepatitis C

Employees are notified that a claim may be made for a condition, infection, disease or disability involving or related to the Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or Hepatitis C within the provisions of the Arizona Workers' Compensation Law, and the rules of The Industrial Commission of Arizona. Such a claim shall include the occurrence of a significant exposure at work, which generally mean's contact of an employee's ruptured or broken skin or mucous membrane with a person's blood, semen, vaginal fluid, surgical fluid(s) or any other fluid(s) containing blood. **AN EMPLOYEE MUST CONSULT A PHYSICIAN TO SUPPORT A CLAIM.** Claims cannot arise from sexual activity or illegal drug use.

Certain classes of employees may more easily establish a claim related to HIV, AIDS, or Hepatitis C if they meet the following requirements:

1. The employee's regular course of employment involves handling or exposure to blood, semen, vaginal fluid, surgical fluid(s) or any other fluids(s) containing blood. Included in this category are health care providers, forensic laboratory workers, fire fighters, law enforcement officers, emergency medical technicians, paramedics and correctional officers.
2. **NO LATER THAN TEN (10) CALENDAR DAYS** after a possible significant exposure which arises out of and in the course of employment, the employee reports in writing to the employer the details of the exposure as provided by Commission rules. Reporting forms are available at the office of this employer or from the Industrial Commission of Arizona, 800 W. Washington, Phoenix, Arizona 85007, (602) 542-4661 or 2675 E. Broadway, Tucson, Arizona 85716, (602) 628-5188. If an employee chooses not to complete the reporting form, that employee may be at risk of losing a prima facie claim.
3. **NO LATER THAN TEN (10) CALENDAR DAYS** after the possible significant exposure the employee has blood drawn, and **NO LATER THAN THIRTY (30) CALENDAR DAYS** the blood is tested for **HIV or Hepatitis C** by antibody testing and the test results are negative.
4. **NO LATER THAN EIGHTEEN (18) MONTHS** after the date of the possible significant exposure at work, the employee is retested and the results of the test are HIV positive or the employee has been diagnosed as positive for the presence of HIV, or **NO LATER THAN SEVEN (7) MONTHS** after the date of the possible significant exposure at work, the employee is retested and the results of the test are positive for the presence of Hepatitis C or the employee has been diagnosed as positive for the presence of Hepatitis C.

**KEEP POSTED IN CONSPICUOUS PLACE  
NEXT TO WORKERS' COMPENSATION NOTICE TO EMPLOYEES**

**THIS NOTICE APPROVED BY THE INDUSTRIAL  
COMMISSION OF ARIZONA FOR CARRIER USE**

# EXPOSICION A FLUIDOS CORPORALES EN EL TRABAJO

## AVISO A LOS EMPLEADOS

### Re: El Virus de la Inmunodeficiencia Humana (VIH), Síndrome de la Inmunodeficiencia Humana Adquirida (SIDA) y Hepatitis C

Se le notifica a los empleados que se puede hacer una reclamación por una condición, infección, enfermedad o incapacidad relacionada con o derivada del Virus de Inmunodeficiencia Humana (VIH), del Síndrome de Inmunodeficiencia Adquirida (SIDA), o Hepatitis C con las provisiones de la Ley de Compensación para los Trabajadores de Arizona, y las Reglas de la Comisión Industrial de Arizona. Tal reclamación debe incluir el suceso de una exposición importante en el trabajo, la que por lo general significa contacto de alguna ruptura de la piel o mucosa del empleado con la sangre, semen, fluido vaginal, fluido quirúrgico o cualquier otro fluido de una persona que contenga sangre. **EL EMPLEADO DEBE CONSULTAR A UN MÉDICO PARA CONFIRMAR SU RECLAMACION.** Las reclamaciones no pueden resultar de actividad sexual o uso ilícito de drogas.

Ciertas clases de empleados pueden establecer más fácilmente una reclamación relacionada con el VIH, SIDA o Hepatitis C si reúnen los requisitos siguientes:

1. El curso regular del empleo del empleado requiere el manejo de o la exposición a sangre, semen, fluido vaginal, fluido quirúrgico o cualquier otro fluido que contenga sangre. Incluidos en esta categoría son los proveedores de cuidados de la salud, trabajadores de laboratorios forenses, bomberos, agentes policiales, técnicos médicos de emergencia, paramédicos y agentes correccionales.
2. **NO MÁS DE DIEZ (10) DÍAS DE CALENDARIO**, después de una posible exposición importante que resulta de y en el curso de su trabajo, el empleado reporta a su patrón por escrito los detalles de la exposición como lo proveen las reglas de la Comisión. Las formas de reporte están disponibles en la oficina de este patrón o de la Comisión Industrial de Arizona, 800 W. Washington, Phoenix, Arizona 85007, (602) 542-4661 o 2675 E. Broadway, Tucson, Arizona 85716, (602) 628-5188. Si un empleado elige no llenar la forma de reporte, ese empleado corre el riesgo de perder una reclamación de prima facie.
3. **NO MÁS DE DIEZ (10) DÍAS DE CALENDARIO** después de una posible exposición importante el empleado va a que le saquen sangre, y **EN NO MÁS DE TREINTA (30) DÍAS DE CALENDARIO**, la sangre es analizada para **VIH O HEPATITIS C** por medio de análisis de anticuerpos, y el análisis resulta negativo.
4. **NO MÁS DE DIECIOCHO (18) MESES** después de la fecha de la posible exposición importante en el trabajo, el empleado es examinado nuevamente y los resultados del análisis son positivos por VIH o el empleado ha sido diagnosticado como positivo por la presencia de VIH, o **NO MAS DE SIETE (7) MESES** después de la fecha de la posible exposición importante en el trabajo, el empleado es examinado nuevamente y los resultados del análisis son positivos por la presencia de Hepatitis C o el empleado ha sido diagnosticado como positivo por la presencia de Hepatitis C.

**MANTÉNER FIJO EN UN LUGAR SOBRESALIENTE JUNTO AL AVISO A LOS  
EMPLEADOS SOBRE LA COMPENSACIÓN PARA TRABAJADORES**

ESTE AVISO HA SIDO APROBADO POR LA COMISIÓN INDUSTRIAL DE  
ARIZONA PARA USO DE LAS ASEGURADORAS