

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:

UNIVERSITY OF NEW MEXICO
(name of company)

is: _____
Twin City Fire Insurance Company
(name of insurance carrier or administrator)

Twin City Fire Insurance Company
(name of carrier/administrator)

4245 Meridian Parkway
(mailing address)

Aurora IL 60504
(city, state, zip)

(800) 327-3636
(telephone number)

(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. W196
Indianapolis, IN 46204
(317) 232-3808
1-800-824-2667**