February 20, 2014

# South Carolina Workers' Compensation

## Workers' Compensation Compliance Poster

### We are operating under and subject to the South Carolina Workers' Compensation Act

In case of accidental injury or death to an employee, the injured employee, or someone acting in his or her behalf, must give immediate notice to the employer or general authorized agent. Failure to give such immediate notice may be the cause of serious delay in the payment of compensation to the injured employee or his or her dependents and may result in failure to receive any compensation benefits under the law.

### Workers' Compensation:

1. Pays 100% of your medical bills and some other expenses.
2. Compensates you for 66 2/3% of your salary, limited to the maximum wage set by law, if you are unable to work for more than seven (7) calendar days.

### If you are injured on the job, you should:

1. Notify your employer at once. You cannot receive benefits unless your employer knows you are injured.
2. Tell the doctor your employer sends you to that you are covered by workers' compensation.
3. Notify the Workers' Compensation Provider listed on this poster or the South Carolina Workers' Compensation Commission at 803.737.5700 if you experience undue delays or problems with your claim.

South Carolina
Workers' Compensation Commission
P.O. Box 1715, 1333 Main Street, Suite 500
Columbia, S.C. 29202-1715
803-737-5700
www.wcc.sc.gov

10550 Linden Lake Plz Ste 200, Manassas, VA 20109-6495

### Workers' Compensation Provider Name

**Zurich American Insurance Company of Illinois**

Primary Insured/Employer Name:
Employment Enterprises Inc
Location Insured/Employer Name (DBA):

### Mailing Address

**1299 ZURICH WAY**
**SCHAUMBURG, IL 60196-5870**

### Claims Telephone Number

**877-942-3327**

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# A SAFE & HEALTHFUL WORKPLACE BEGINS WITH YOU!

**POLICY:** It is our policy to have a safe and healthful workplace. We have implemented an injury and illness prevention program for your protection and the protection of fellow workers.

**GOAL:** Our main goal is to prevent accidents and illnesses in the workplace. Employees and members of management are expected to follow all requirements of Federal, state and local governments to ensure a safe environment.

**COMMUNICATION:** We have made a commitment to provide a safe workplace and encourage you to make suggestions so that we can maintain a policy of prevention. If you have any questions, please contact the following persons in charge of safety at this company.

**Primary Insured/Employer Name:**
**Employment Enterprises Inc**
**Location Insured/Employer Name (DBA):**

**SAFETY DIRECTOR:** _____

**PHONE:** _____

**SAFETY SUPERVISOR:** _____

**PHONE:** _____

# SAFETY MEETINGS

Employees will meet on a regular basis to receive safety training and information about our company's safety policies and procedures. Attendance at all scheduled safety training and information meetings is mandatory.

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