

TENNESSEE WORKERS' COMPENSATION INSURANCE POSTING NOTICE



Employers: The law requires this notice to be conspicuously posted at the employer's place of business so all employees have access to it.

WHO IS REQUIRED TO HAVE WORKERS' COMPENSATION INSURANCE?

- All employers with five (5) or more full or part-time employees, except as indicated below.
- All employers engaged in the mining and production of coal with one (1) or more employees.
- All workers in the construction industry unless they are specifically exempted.

To confirm if an employer is subject to the workers' compensation law and, if so, to obtain the name of the workers' compensation insurance company contact:

THE TRAVELERS INSURANCE COMPANIES

Name of employer representative authorized to provide information on workers' compensation

(800) 238-6225

Telephone number of employer representative to provide information on workers' compensation

P.O. BOX 682165
FRANKLIN, TN 37068-2165

Address of employer representative to provide information on workers' compensation

WHAT SHOULD AN EMPLOYEE DO IF INJURED AT WORK?

1. Report the injury to the employer immediately. Employer notification is required.
AND,
2. Select a treating physician from a panel provided by the employer. To report an injury contact:

Jonathan Wogan

Name of employer representative to notify in event of a work related injury

901-290-8884

jwogan@lennoxcompanies.com

Telephone number of employer representative to notify in event of a work related injury

5384 Poplar Ave Ste. 400 Memphis, TN 38119

Address of employer representative to notify in event of a work related injury

WHAT SHOULD AN EMPLOYER DO WHEN AN INJURY IS REPORTED?

1. Immediately complete a First Report of Work Injury form and send it to the workers' compensation insurance company or the third party administrator to be filed with the Tennessee Division of Workers' Compensation;
AND,
2. Offer a panel of physicians.
The employer shall designate a panel of three (3) or more independent reputable physicians, surgeons, chiropractors or specialty practice groups if available in the injured employee's community or, if not so available, within a 100-mile radius of the employee's community. The names shall be provided on a state-developed form, AGREEMENT BETWEEN EMPLOYER/EMPLOYEE CHOICE OF PHYSICIAN – Form C-42. Additional instructions are available on the form. The employee shall select a treating physician from the employer's panel.

The Tennessee Division of Workers' Compensation has staff available to help both employees and employers. For more information contact:

TENNESSEE DIVISION OF WORKERS' COMPENSATION
220 FRENCH LANDING DRIVE
NASHVILLE, TENNESSEE 37243-1002
615-532-4812 OR TOLL FREE 1-800-332-2667
1-800-332-2257 (TDD)
www.tn.gov/labor-wfd/wcomp.html