



## Notice of Claim for Compensation

Mashantucket Pequot Tribal Nation  
Workers' Compensation Commission  
P.O. Box 3060  
Mashantucket, CT 06338-3060  
Phone (860)396-2424 Fax (860)396-2060  
MPTNWCC@mptn-nsn.gov



**Notice is hereby given that the undersigned, who while in the employ of MPTN or MPGE sustained injuries arising out of and in the course of his/her employment as follows:**

### Employer Information *(check one)*

Mashantucket Pequot Tribal Nation       Mashantucket Pequot Gaming Enterprise

### Injured Worker Information

Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Telephone: \_\_\_\_\_ Badge#: \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_  
City/Town State Zip Code

### Injury Information

Date of Injury: \_\_\_\_\_ Body Part(s) Injured: \_\_\_\_\_  
Month Day Year

Nature of Injury: \_\_\_\_\_ Occupational Injury  or Repetitive Trauma

### Signature of Injured Worker or Representative

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month Day Year

Name and Address of Injured Worker Representative, if applicable:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
City/Town State Zip Code

**WARNING TO EMPLOYER:** For the injuries/illnesses occurring on or after July 1, 1997, if the employer does not file a notice contesting liability within 28 calendar days from the date when this claim is received by personal delivery or by registered or certified mail, Compensability Shall Be Presumed, but is subject to rebuttal. If the employer chooses to begin making Workers' Compensation benefits payments within 28 calendar days from the date of receipt of the claim and still wishes to contest this claim, it must do so by filing a Notice to Contest Liability form for this claim within one year from receipt of claim. Mashantucket Pequot Workers' Compensation Code {Chapter 2; Section 4}

This notice must be served upon the Chief Commissioner and Esis, Inc. c/o Risk Management Dept. by personal delivery or by **REGISTERED** or **CERTIFIED mail** at the addresses below. For the protection of the parties the employer should note the date when this notice was received and the claimant should keep a copy of this notice with the date of receipt. A written Notice of Claim form must be filed with 1 year of an injury and within 3 years of an occupational illness, or the claim may be barred.

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| Mashantucket Pequot Tribal Nation<br>Workers' Compensation Commission<br>110 Pequot Trail, P.O. Box 3060<br>Mashantucket, CT 06338-3060 | ESIS, Inc.<br>c/o Risk Management<br>P.O. Box 3777<br>Mashantucket, CT 06338-3777 |
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