



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: _____
Email: _____

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