

# WORKERS' COMPENSATION NOTICE

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Your employer is required to provide for payment of benefits under the Workers' 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 workers' compensation insurance carrier or the administrator for \_\_\_\_\_

is:

\_\_\_\_\_  
(Name of Employer)

**THE CELINA MUTUAL INSURANCE COMPANY**

**1 INSURANCE SQUARE**

**CELINA, OH 45822**

**(800) 231-2318**

**Workers' Compensation Claims Manager**

**(Contact Person)**

For more information about rights or procedures under the Indiana workers' compensation system, call or write:

Workers' Compensation Board of Indiana  
Ombudsman Division  
402 W. Washington St., Rm W-196  
Indianapolis, IN 46204  
(317) 232-3808 or (800) 824-2667