



**EQUAL EMPLOYMENT OPPORTUNITY IS ...  
IGUALIDAD DE OPORTUNIDADES EN EL EMPLEO ES ...**

***The Law in Texas***

The law prohibits employers, employment agencies and labor unions from denying equal employment opportunities in

- **hiring**
- **promotion**
- **discharge**
- **pay**
- **fringe benefits**
- **membership**
- **training**
- **other aspects of employment**

because of race, color, national origin, religion, sex, age, or disability.

The Sex Protected Class includes Sexual Harassment, Gender Stereotyping, Pregnancy Discrimination, Gender Identity, and Sexual Orientation.

***La Ley en Texas***

La ley prohíbe a los empleadores, agencias de empleo y sindicatos de negar la igualdad de oportunidades de empleo en

- **ocupar**
- **ascensos**
- **desocupar**
- **pago**
- **beneficios**
- **membrecia**
- **entrenamiento**
- **otros aspectos del empleo**

por causa de raza, color, nacionalidad, religion, sexo, edad, o incapacidad.

La clase protegida por sexo incluye acoso sexual, estereotipos de género, discriminación por embarazo, identidad de género y orientación sexual.

If you believe you have been discriminated against, contact the Texas Workforce Commission, Civil Rights Division

Si usted cree que ha sido discriminado, comuníquese con la Comisión Laboral de Texas, División de Derechos Civiles

Website: [www.twc.texas.gov/jobseekers/how-submit-employment-discrimination-complaint](http://www.twc.texas.gov/jobseekers/how-submit-employment-discrimination-complaint)

Email: [EEOintake@twc.texas.gov](mailto:EEOintake@twc.texas.gov)

101 E. 15th Street, RM. 154; Austin, TX 78778

(512) 463-2642

Toll Free (within Texas) 1-888-452-4778

TTY (512) 371-7473

# NOTICE TO EMPLOYEES CONCERNING ASSISTANCE AVAILABLE IN THE WORKERS' COMPENSATION SYSTEM FROM THE OFFICE OF INJURED EMPLOYEE COUNSEL

**Have you been injured on the job?** As an injured employee in Texas, you have the right to free assistance from the **Office of Injured Employee Counsel (OIEC)**. OIEC is the state agency that assists unrepresented injured employees with their claim in the workers' compensation system.

You can contact OIEC by calling its toll-free telephone number: **1-866-393-6432**.

More information about OIEC and its Ombudsman Program is available at the agency's website ([www.oiec.texas.gov](http://www.oiec.texas.gov)).

## OMBUDSMAN PROGRAM

**What Is An Ombudsman?** An Ombudsman is an employee of OIEC who can assist you if you have a dispute with your employer's insurance carrier. An Ombudsman's assistance is free of charge. Each Ombudsman has completed a comprehensive training program designed specifically to assist you with your dispute.

An Ombudsman can help you identify and develop the disputed issues in your case and attempt to resolve them. If the issues cannot be resolved, the Ombudsman can help you request a dispute resolution proceeding at the Texas Department of Insurance, Division of Workers' Compensation.

### **Once a proceeding is scheduled an Ombudsman can:**

- Help you prepare for the proceeding (Benefit Review Conference and/or Contested Case Hearing);
  - Attend the proceeding with you and communicate on your behalf; and
- Assist you with an appeal or a response to an insurance carrier's appeal, if necessary.



# NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

**COVERAGE:** [Name of employer] \_\_\_\_\_ has workers' compensation insurance coverage from [name of commercial insurance company] \_\_\_\_\_ in the event of work-related injury or occupational disease. This coverage is effective from [effective date of workers' compensation insurance policy] \_\_\_\_\_. Any injuries or occupational diseases which occur on or after that date will be handled by [name of commercial insurance company] \_\_\_\_\_. An employee or a person acting on the employee's behalf, must notify the employer of an injury or occupational disease not later than the 30th day after the date on which the injury occurs or the date the employee knew or should have known of an occupational disease, unless the Texas Department of Insurance, Division of Workers' Compensation (Division) determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

**EMPLOYEE ASSISTANCE:** The Division provides free information about how to file a workers' compensation claim. Division staff will answer any questions you may have about workers' compensation and process any requests for dispute resolution of a claim. You can obtain this assistance by contacting your local Division field office or by calling 1-800-252-7031. The Office of Injured Employee Counsel (OIEC) also provides free assistance to injured employees and will explain your rights and responsibilities under the Workers' Compensation Act. You can obtain OIEC's assistance by contacting an OIEC customer service representative in your local Division field office or by calling 1-866-EZE-OIEC (1-866-393-6432).

**SAFETY VIOLATIONS HOTLINE:** The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division at 1-800-452-9595.

## **COVERED EMPLOYER**

Texas Workers' Compensation Rule 110.101(e)(1) requires employers who are covered by workers' compensation through a commercial insurance company to advise their employees that they do have workers' compensation insurance coverage and to advise their employees of the Texas Department of Insurance, Division of Workers' Compensation's toll free number to obtain additional information about their workers' compensation rights.

Notices in English, Spanish and any other language common to the employer's employee population must be posted and:

1. Prominently displayed in the employer's personnel office, if any;
2. Located about the workplace in such a way that each employee is likely to see the notice on a regular basis;
3. Printed with a title in at least 26 point bold type, subject in at least 18 point bold type, and text in at least 16 point normal type; and
4. Contain the exact words as prescribed in Rule 110.101(e)(1).

The notice on the reverse side meets the above requirements. Failure to post or to provide notice as required in the rule is a violation of the Act and Division rules. The violator may be subject to administrative penalties.

**Do Not Post This Side**

# NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

**COVERAGE:** Effective on [effective date of certificate] \_\_\_\_\_ [name of employer] \_\_\_\_\_  
\_\_\_\_\_ has been certified by the Texas Department of Insurance, Division of Workers' Compensation (Division) as a self-insured employer providing workers' compensation insurance in the event of work-related injury or occupational disease. Claims for injuries or occupational diseases which occur on or after that date will be handled by [name of third party administrator] \_\_\_\_\_. An employee or a person acting on the employee's behalf, must notify the employer of an injury or occupational disease not later than the 30th day after the date on which the injury occurs or the date the employee knew or should have known of an occupational disease, unless the Division determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

**EMPLOYEE ASSISTANCE:** The Division provides free information about how to file a workers' compensation claim. Division staff will answer any questions you may have about workers' compensation and process any requests for dispute resolution of a claim. You can obtain this assistance by contacting your local Division field office or by calling 1-800-252-7031. The Office of Injured Employee Counsel (OIEC) also provides free assistance to injured employees and will explain your rights and responsibilities under the Workers' Compensation Act. You can obtain OIEC's assistance by contacting an OIEC customer service representative in your local Division field office or by calling 1-866-EZE-OIEC (1-866-393-6432).

**SAFETY VIOLATIONS HOTLINE:** The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division at 1-800-452-9595.

## **CERTIFIED SELF-INSURED EMPLOYER:**

Texas Workers' Compensation Rule 110.101(e)(2) requires employers who become certified self-insurers under Labor Code 407 to advise their employees that they have been certified as a self-insurer and to advise their employees of the Texas Department of Insurance, Division of Workers' Compensation's toll free number to obtain additional information about their workers' compensation rights.

Notices in English, Spanish and any other language common to the employer's employee population must be posted and:

1. Prominently displayed in the employer's personnel office, if any;
2. Located about the workplace in such a way that each employee is likely to see the notice on a regular basis;
3. Printed with a title in at least 26 point bold type, subject in at least 18 point bold type, and text in at least 16 point normal type; and
4. Contain the exact words as prescribed in Rule 110.101(e)(2).

The notice on the reverse side meets the above requirements. Failure to post or to provide notice as required in the rule is a violation of the Act and Division rules. The violator may be subject to administrative penalties.

**Do Not Post This Side**

# NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

**COVERAGE:** Effective on [effective date of certificate] \_\_\_\_\_ [name of employer] \_\_\_\_\_ provides workers' compensation insurance coverage as a member of a self-insurance group under Labor Code Chapter 407A in the event of work-related injury or occupational disease. Claims for injuries or occupational diseases which occur on or after that date will be handled by [name of third party administrator] \_\_\_\_\_ . An employee or a person acting on the employee's behalf, must notify the employer of an injury or occupational disease not later than the 30th day after the date on which the injury occurs or the date the employee knew or should have known of an occupational disease, unless the Texas Department of Insurance, Division of Workers' Compensation (Division) determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

**EMPLOYEE ASSISTANCE:** The Division provides free information about how to file a workers' compensation claim. Division staff will answer any questions you may have about workers' compensation and process any requests for dispute resolution of a claim. You can obtain this assistance by contacting your local Division field office or by calling 1-800-252-7031. The Office of Injured Employee Counsel (OIEC) also provides free assistance to injured employees and will explain your rights and responsibilities under the Workers' Compensation Act. You can obtain OIEC's assistance by contacting an OIEC customer service representative in your local Division field office or by calling 1-866-EZE-OIEC (1-866-393-6432).

**SAFETY VIOLATIONS HOTLINE:** The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division at 1-800-452-9595.

## **EMPLOYER MEMBER OF A SELF-INSURANCE GROUP:**

Texas Workers' Compensation Rule 110.101(e)(3) requires employers who are members of a self-insurance group under Labor Code 407A to advise their employees that they are a member of a self-insurance group and to advise their employees of the Texas Department of Insurance, Division of Workers' Compensation's toll-free number to obtain additional information about their workers' compensation rights.

Notices in English, Spanish and any other language common to the employer's employee population must be posted and:

1. Prominently displayed in the employer's personnel office, if any;
2. Located about the workplace in such a way that each employee is likely to see the notice on a regular basis;
3. Printed with a title in at least 26 point bold type, subject in at least 18 point bold type, and text in at least 16 point normal type; and
4. Contain the exact words as prescribed in Rule 110.101(e)(3).

The notice on the reverse side meets the above requirements. Failure to post or to provide notice as required in the rule is a violation of the Act and Division rules. The violator may be subject to administrative penalties.

**Do Not Post This Side**

## **Reporting Workplace Violence**

Employees can report instances of workplace violence or suspicious activity by contacting the Department of Public Safety (DPS) through the iWatchTexas Community Reporting System at [www.iwatchtx.org](http://www.iwatchtx.org), or by calling 844-643-2251. Employees have the right to make a report to DPS anonymously.

## **Reportando La Violencia en el Trabajo**

Los empleados pueden denunciar casos de violencia en el trabajo o actividades sospechosas comunicándose con el Departamento de Seguridad Pública (DPS) a través del Sistema de Informes Comunitarios iWatchTexas en [www.iwatchtx.org](http://www.iwatchtx.org), o llamando al 844-643-2251. Los empleados tienen derecho a presentarle una queja al DPS de forma anónima.

Company	WC Company	Account Number	Phone Number	WC Company Address
<b>Creative</b>	Travelers	UB-B3770132-25-13	1.800.252.4633	P.O. Box 660456 Dallas, TX 75266-0456
<b>Indigenous</b>	Travelers	UB-B3770132-25-13	1.800.252.4633	P.O. Box 660456 Dallas, TX 75266-0456
<b>DN Investments</b>	Travelers	UB-B3770132-25-13	1.800.252.4633	P.O. Box 660456 Dallas, TX 75266-0456
<b>Channel Blend</b>	Travelers	UB-B3770132-25-13	1.800.252.4633	P.O. Box 660456 Dallas, TX 75266-0456
<b>ET</b>	Travelers	UB-B3770132-25-13	1.800.252.4633	P.O. Box 660456 Dallas, TX 75266-0456
<b>Professional Services</b>	Travelers	UB-B3770132-25-13	1.800.252.4633	P.O. Box 660456 Dallas, TX 75266-0456
<b>DNEDA</b>	Hudson Insurance Group/Tribal First	OBH-0105127-10	866.546.3981	100 William St, New York, NY 10038
<b>Unami</b>	Hudson Insurance Group/Tribal First	OBH-0105127-10	866.546.3981	100 William St, New York, NY 10038