

# NOTICE



**IF YOU ARE INJURED ON THE JOB, YOU HAVE RIGHTS UNDER THE COLORADO WORKERS' COMPENSATION ACT. YOUR EMPLOYER IS REQUIRED BY LAW TO HAVE WORKERS' COMPENSATION INSURANCE. THE COST OF THE INSURANCE IS PAID ENTIRELY BY YOUR EMPLOYER. IF YOUR EMPLOYER DOES NOT HAVE WORKERS' COMPENSATION INSURANCE, YOU STILL HAVE RIGHTS UNDER THE LAW.**

**IT IS AGAINST THE LAW FOR YOUR EMPLOYER TO HAVE A POLICY CONTRARY TO THE REPORTING REQUIREMENTS SET FORTH IN THE COLORADO WORKERS' COMPENSATION ACT. YOUR EMPLOYER IS INSURED THROUGH:**

File a claim <https://rmi.colostate.edu/workers-compensation/file-an-incident/>

CSU Contact:  
RMI, Attn Workers' Compensation  
6002 Campus Delivery, Fort Collins,  
CO 80523-6002 Phone (970)491-4832  
Fax: (970) 491-4804  
Email: [workcomp@colostate.edu](mailto:workcomp@colostate.edu)

Third Party Administrator Contact:  
Gallagher Bassett (GB) PO Box 2934  
Clinton, IA 52733-2934  
Phone: 800-933-8143  
Fax: (303) 796-9498

**IF YOU ARE INJURED ON THE JOB, NOTIFY YOUR EMPLOYER AS SOON AS YOU ARE ABLE, AND REPORT YOUR INJURY TO YOUR EMPLOYER IN WRITING WITHIN 10 DAYS AFTER THE INJURY. IF YOU DO NOT REPORT YOUR INJURY PROMPTLY, YOU MAY STILL PURSUE A CLAIM.**

**ADVISE YOUR EMPLOYER IF YOU NEED MEDICAL TREATMENT. IF YOU OBTAIN MEDICAL CARE, BE SURE TO REPORT TO YOUR EMPLOYER AND HEALTH-CARE PROVIDER HOW, WHEN, AND WHERE THE INJURY OCCURRED.**

**YOU MAY FILE A WORKER'S CLAIM FOR COMPENSATION WITH THE DIVISION OF WORKERS' COMPENSATION. TO OBTAIN FORMS OR INFORMATION REGARDING THE WORKERS' COMPENSATION SYSTEM, THE CUSTOMER SERVICE CONTACT INFORMATION FOR THE DIVISION OF WORKERS' COMPENSATION IS:**



**Division of Workers' Compensation  
633 17th Street, Suite 400  
Denver, CO 80202**



**303-318-8700  
1-888-390-7936 (Toll-Free)  
[cdle.colorado.gov/dwc](http://cdle.colorado.gov/dwc)**

