

# **WORKER'S COMPENSATION NOTICE**

Your employer is required to provide for payment of benefits under the Worker's 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 worker's compensation insurance carrier or the administrator for

**SHELBYVILLE CENTRAL SCHOOLS**

(name of company)

is:

**ALLIED EASTERN INDEMNITY COMPANY**

(name of insurance carrier or administrator)

**ALLIED EASTERN INDEMNITY COMPANY**

(name of carrier/administrator)

**P.O. Box 83777**

(mailing address)

**Lancaster, PA 17608-3777**

(city, state, zip)

**1-855-533-3444**

(telephone number)

**Steve Holsclaw**

(contact person)

For more information about rights or procedures under the Indiana Worker's Compensation system, call or write:

Worker's Compensation Board of Indiana  
Ombudsman Division  
402 W. Washington St., Rm W196  
Indianapolis, IN 46204  
(317) 232-3808  
1-800-824-2667