1. Each employer governed by the provisions of chapters 616A to 617, inclusive, of NRS shall prominently display at his place of business a poster with the language and in the format specified in Form D-1 (revised 10/07).

2. The title of the poster must be printed in not less than 20-point bold type. The required statement concerning questions and problems relating to claims must be printed in not less than 12-point bold type. The text appearing on the remainder of the poster must be printed in not less than 10-point type. The poster shall be at least 11 inches by 17 inches in size.

3. Each self-insured employer shall:
   (a) Display the poster as required by this section; and
   (b) Advise his employees of the name, address and telephone number of the administrator for their claims for workers' compensation.

4. The poster must be displayed in such a manner as to be readily visible by all employees. A poster must not be displayed unless:
   (a) It has been issued or approved by the Workers’ Compensation Section (WCS); or
   (b) If it has not been issued by the Workers’ Compensation Section (WCS) or bears the Workers’ Compensation Section’s (WCS) indication of approval.

(Added to NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88; A 8-30-91; A by Div. of Industrial Relations, 3-28-94)--Substituted in revision for NAC 616.253)

NAC 616A.470 Poster to be displayed by employers with employees who receive tips

1. Each employer governed by the provisions of chapters 616A to 617, inclusive, of NRS who has employees who receive tips shall prominently display a poster with the language and in the format specified in Form D-22 (revised 7/99).

2. The poster must be at least 8 1/2 inches by 11 inches in size and posted in such a manner as to be readily visible to all employees.

(Added to the NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88; A by Div. of Industrial Relations, 3-28-94)--Substituted in revision for NAC 616.225)

NAC 616A.480 Use, alteration, printing and distribution of certain posters and forms (NRS 616A.400)

1. The following posters and forms or data must be used by each insurer in the administration of claims for workers' compensation:
   (a) D-1, Information Poster - Displayed by Employer. The informational poster must include the language contained in Form D-2 (revised 10/07), and the name, business address, telephone number and contact person of:
      (1) The insurer;
      (2) The third-party administrator, if applicable;
      (3) The organization for managed care or providers of health care with whom the insurer has contracted to provide medical and health care services; and
      (4) The name, business address and telephone number of insurer's or third-party administrator's adjuster in this state that is located nearest to the employer's place of business.

7/13/09
ATTENTION

Brief Description of Your Rights and Benefits

If You Are Injured on the Job or Have an Occupational Disease

Notice of Injury or Occupational Disease (Notice of Injury Form C-1): If an injury occurs on the job, the employer must provide written notice to the employee as soon as practicable but not later than 7 days after the accident or injury. Your employer shall maintain a sufficient supply of the Form.

Form D-1

Claim for Compensation (Form C-3): If an injury occurs on the job, a claim for compensation must be filed within 90 days of the date of the injury. A claim is considered filed when it is received by the Office of the Workers’ Compensation Commissioner. This must be filed within 90 days of the date of the injury or, if the employee fails to file a claim or have a written agreement with their employer, the date of the injury as shown on the Form D-1. Notice of the injury must be given the employer in writing.

Medical Treatment: If you receive medical treatment for your job-related injury or illness, you must provide written notice to your employer within 10 days of the date of the injury or illness.

Temporary Total Disability: If you are unable to work for a period of at least 5 consecutive days, or 5 cumulative days in a 30-day period, or in any situation where your employer legally cannot demand your services, you must be provided with temporary total disability benefits.

Permanent Partial Disability: If your medical condition is caused by a job-related injury or illness and does not result in a return to work, you may be eligible for permanent partial disability benefits.

Vocational Rehabilitation Services: You may be eligible for vocational rehabilitation services if your injury or illness has resulted in a permanent physical impairment or physical limitation in your ability to work.

Transportation and Post-Demobilization: You may be eligible for transportation and post-demobilization benefits.

Temporary Total Disability: If your injury or illness causes you to be unable to work for at least 5 consecutive days, or 5 cumulative days in a 30-day period, or in any situation where your employer legally cannot demand your services, you may be eligible for temporary total disability benefits.

Permanent Partial Disability: If your injury or illness causes you to be unable to work for at least 5 consecutive days, or 5 cumulative days in a 30-day period, or in any situation where your employer legally cannot demand your services, you may be eligible for permanent partial disability benefits.

Vocational Rehabilitation Services: You may be eligible for vocational rehabilitation services if your injury or illness has resulted in a permanent physical impairment or physical limitation in your ability to work.

Transportation and Post-Demobilization: You may be eligible for transportation and post-demobilization benefits.

BRIEF DESCRIPTION OF RIGHTS AND BENEFITS

(Pursuant to NRS 428C.010)

Notice of Injury or Occupational Disease (Notice of Injury Form C-1): If an injury occurs on the job, the employer must provide written notice to the employee as soon as practicable but not later than 7 days after the accident or injury. Your employer shall maintain a sufficient supply of the Form.

Claim for Compensation (Form C-3): If an injury occurs on the job, a claim for compensation must be filed within 90 days of the date of the injury. A claim is considered filed when it is received by the Office of the Workers’ Compensation Commissioner. This must be filed within 90 days of the date of the injury or, if the employee fails to file a claim or have a written agreement with their employer, the date of the injury as shown on the Form D-1. Notice of the injury must be given the employer in writing.

Medical Treatment: If you receive medical treatment for your job-related injury or illness, you must provide written notice to your employer within 10 days of the date of the injury or illness.

Temporary Total Disability: If you are unable to work for a period of at least 5 consecutive days, or 5 cumulative days in a 30-day period, or in any situation where your employer legally cannot demand your services, you may be eligible for temporary total disability benefits.

Permanent Partial Disability: If your medical condition is caused by a job-related injury or illness and does not result in a return to work, you may be eligible for permanent partial disability benefits.

Vocational Rehabilitation Services: You may be eligible for vocational rehabilitation services if your injury or illness has resulted in a permanent physical impairment or physical limitation in your ability to work.

Transportation and Post-Demobilization: You may be eligible for transportation and post-demobilization benefits.

Form D-2