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 6/18).

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 6/18), 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.

8/18
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 (Incident Report Form C-4): If you are injured on the job or have an occupational disease (OD) and are seen by a doctor other than your employer's doctor, you must notify your employer's doctor within one (1) day of your injury or OD. Your employer shall maintain a complete record of the incident.

Claim for Compensation (Form C-4): You must file a Claim for Compensation within 30 days after the incident or OD. The claim must be filed with the Department of Industrial Relations, Division of Workers' Compensation, at the Nevada State Capitol, 400 Nevada St., Carson City, NV 89710-0040.

TBI: You must be hospitalized for 24 hours. The hospitalization must be for treatment of your injury or OD. If you are hospitalized for less than 24 hours, you must see a doctor who is employed by your employer or a doctor who is approved by your employer. Your employer shall maintain a complete record of the incident.

TDD: You must be placed on TDD (Telephone Device for the Deaf) within 24 hours of your injury or OD. Your employer shall maintain a complete record of the incident.

Vocational Rehabilitation Services: Your employer shall provide vocational rehabilitation services if it is determined that you will be unable to return to your previous occupation.

Reimbursement for Attorneys: You are entitled to reimbursement for the reasonable attorney fees and costs incurred in connection with the filing and prosecution of your claim.

EMPLOYER: You are required to post the Notice of Injury or Occupational Disease (Incident Report Form C-4) and the Claims for Compensation (Form C-4) in a conspicuous place at your place of business. You must post the forms in a manner that is visible to all employees and customers. You must keep the forms in a safe place.

PARES: You are required to post the Notice of Injury or Occupational Disease (Incident Report Form C-4) and the Claims for Compensation (Form C-4) in a conspicuous place at your place of business. You must post the forms in a manner that is visible to all employees and customers. You must keep the forms in a safe place.

Form D-2

Notice of Injury or Occupational Disease (Incident Report Form C-4): If you are injured on the job or have an occupational disease (OD) and are seen by a doctor other than your employer's doctor, you must notify your employer's doctor within one (1) day of your injury or OD. Your employer shall maintain a complete record of the incident.

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D-1 Poster

Form D-2