

Georgia & Federal Employment Notices



All workers have the right to:

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request an OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. OSHA will keep your name confidential. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

Employers must:

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Report to OSHA all work-related fatalities within 8 hours, and all inpatient hospitalizations, amputations and losses of an eye within 24 hours.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

FREE ASSISTANCE to identify and correct hazards is available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.

Contact OSHA. We can help.

1-800-321-OSHA (6742) • TTY 1-877-889-5627 • www.osha.gov

Federal Minimum Wage
EMPLOYER RIGHTS UNDER THE FAIR LABOR STANDARDS ACT
\$7.25 PER HOUR BEGINNING JULY 24, 2009

The law requires employers to display this poster where employees can readily see it.

OVERTIME PAY: Unless exempt, employees covered by the Act must receive overtime pay for hours worked over 40 in a workweek at a rate not less than one-half their regular rate of pay. Revisions included increases to the standard salary level and the highly compensated employee total annual compensation threshold, and a mechanism for updating these earnings thresholds to reflect current earnings data. On November 15, 2024, the U.S. District Court for the Eastern District of Texas vacated the Department's 2024 final rule. Consequently, the Department is applying the 2019 rule with a minimum salary level of \$64 per week and total annual compensation requirement has been updated to employees of \$107,432 per year. Lawsuits regarding the 2024 final rule are currently pending in two other federal district courts, and the United States has filed a notice of appeal from the November 15 decision. The Department will update this notice with additional information as it becomes available.

CHILD LABOR: An employer must be at least 16 years old in most non-farm jobs and at least 18 to work in non-farm jobs declared hazardous by the Secretary of Labor. Youths 14 and 15 years old may work outside school hours in various non-manufacturing, non-mining, non-hazardous jobs with certain work hour restrictions. Different rules apply in agricultural employment.

TIP CREDIT: Employers of "tipped employees" who meet certain conditions may claim a partial wage credit based on tips received by their employees. Employers must pay tipped employees a cash wage of at least \$2.13 per hour if they claim a tip credit against their minimum wage obligation. If an employer's tips combined with the employer's cash wage are at least \$2.13 per hour, the employer must pay no difference.

NURSING NURSES (PUMP AT WORK): The FLSA requires employers to provide reasonable break time for a nursing employee to express breast milk for their nursing child for one year after the child's birth time the employee needs to express breast milk. Employers must provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by the employee to express breast milk.

ENFORCEMENT: The Department has authority to recover back wages and an equal amount in liquidated damages in instances of minimum wage, overtime, and other violations. The Department may initiate and recommend criminal prosecution. Employers may be assessed civil money penalties for each willful or repeated violation of the minimum wage or overtime pay provisions of the law. Civil money penalties may also be assessed for violations of the FLSA's child labor provisions. Heightened civil money penalties may be assessed for each child labor violation that results in the death or serious injury of any minor employee, and such assessments may be doubled when the violations are determined to be willful or repeated. The law also prohibits retaliating against or discharging workers who file a complaint or participate in any proceeding under the FLSA.

ADDITIONAL INFORMATION: Certain occupations and establishments are exempt from the minimum wage, and/or overtime pay provisions. Certain narrow exemptions also apply to the pump at work requirement. Special provisions apply to workers in American Samoa, the Commonwealth of the Northern Mariana Islands, and the Commonwealth of Puerto Rico. Some state laws provide greater employee protections; employers must comply with both. Some employers incorrectly classify workers when they are actually employees under the FLSA. It is important to know the difference between the two because employees (unless exempt) are entitled to the FLSA's minimum wage and overtime pay protections and certain classified independent contractors are entitled to overtime pay.

Certain full-time students, student learners, apprentices, and workers with disabilities may be paid less than the minimum wage under special certificates issued by the Department of Labor.

1-866-487-9243 • TTY: 1-877-889-5627 • www.dol.gov/whd
WAGE AND HOUR DIVISION • UNITED STATES DEPARTMENT OF LABOR

Pregnant Workers Fairness Act (PWFA)

WHAT IS PWFA? The Pregnant Workers Fairness Act (PWFA) is a federal law that requires covered employers to provide "reasonable accommodations" to a qualified worker whose unique limitations related to pregnancy, childbirth, or related medical conditions, unless the accommodation will cause the employer an "undue hardship." An undue hardship is defined as causing significant difficulty or expense.

"Reasonable accommodations" are changes to the work environment or the way things are usually done in order to remove work-related barriers.

WHAT ARE SOME POSSIBLE ACCOMMODATIONS FOR PREGNANT WORKERS? Other than leave to workers affected by pregnancy, childbirth, or related medical conditions, include:

- Extra bathroom breaks
- Schedules changes or time off to go to health care appointments
- A chair or stool to sit at while working
- The ability to work full or part-time
- A private place to pump breast milk
- Leave to recover from childbirth
- Breaks to eat and drink
- Light duty

WHAT OTHER FEDERAL EMPLOYMENT LAWS MAY APPLY TO PREGNANT WORKERS? Other than leave to workers affected by pregnancy, childbirth, or related medical conditions, include:

- Title VII of the Civil Rights Act of 1964 which prohibits employment discrimination based on sex, pregnancy, or other protected categories (enforced by the U.S. Equal Employment Opportunity Commission (EEOC))
- The Americans with Disabilities Act (ADA) which prohibits employment discrimination based on disability (enforced by the EEOC)
- The Family and Medical Leave Act (FMLA) which provides unpaid leave for certain workers for pregnancy and to bond with a new child (enforced by the U.S. Department of Labor)
- The PUMP Act, which may be used by the employer to learn more about the law.

Learn more at www.EEOC.gov/Pregnancy-Discrimination

Equal Employment Opportunity

Know Your Rights: Workplace Discrimination is Illegal

The U.S. Equal Employment Opportunity Commission (EEOC) enforces Federal laws that protect you from discrimination in employment. If you believe you've been discriminated against at work or in applying for a job, the EEOC may be able to help.

Who is Protected?

- Employees (current and former), including managers and temporary employees
- Job applicants
- Union members and applicants for membership in a union

What Organizations are Covered?

- Most private employers
- State and local governments (as employers)
- Educational institutions (as employers)
- Unions
- Staffing agencies

What Types of Employment Discrimination are Illegal? Under the EEOC's laws, an employer may not discriminate against you, regardless of your immigration status, on the bases of:

- Race
- Color
- Religion
- National origin
- Sex (including pregnancy and related conditions, sexual orientation, or gender identity)
- Age (40 and older)
- Disability
- Genetic information (including employer requests for, or purchase, use, or disclosure of genetic tests, genetic services, or family medical history)
- Retaliation for filing a charge, reasonably opposing discrimination, or participating in a discrimination lawsuit, investigation, or proceeding
- Interference, coercion, or threats related to exercising rights regarding disability discrimination or pregnancy accommodation

What Employment Practices can be Challenged as Discriminatory? All aspects of employment, including:

- Discharge, firing, or lay-off
- Harassment (including unwelcome verbal or physical conduct)
- Hiring or promotion
- Assignment
- Pay (unequal wages or compensation)
- Failure to provide reasonable accommodation for a disability or a sincerely held religious belief, observance or practice
- Benefits
- Job training
- Classification
- Referral
- Obtaining or disclosing genetic information of employees
- Requesting or disclosing medical information of employees
- Conduct that might reasonably discourage someone from opposing discrimination, filing a charge, or participating in an investigation or proceeding
- Conduct that coerces, intimidates, threatens, or interferes with someone exercising their rights, or someone assisting or encouraging someone else to exercise rights, regarding disability discrimination (including accommodation) or pregnancy accommodation

What can You Do if You Believe Discrimination has Occurred? Contact the EEOC promptly if you suspect discrimination. Do not delay, because there are strict time limits for filing a charge of discrimination (180 or 300 days, depending on where you live/work). You can reach the EEOC in any of the following ways:

Submit an inquiry through the EEOC's public portal: <https://publicportal.eeoc.gov/Portal/Login.aspx>

Call 1-800-689-4000 (toll free) 1-800-689-6920 (TTY) 1-844-234-5122 (ADA, video phone)

Visit an EEOC field office (information at www.eeoc.gov/field-office)

E-Mail info@eeoc.gov

Additional information about the EEOC, including information about filing a charge of discrimination, is available at www.eeoc.gov.

EMPLOYERS HOLDING FEDERAL CONTRACTS OR SUBCONTRACTS

The Department of Labor's Federal Contract Compliance Programs (FCCP) enforces the nondiscrimination and affirmative action commitments of companies doing business with the Federal Government. If you are applying for a job with, or are an employee of, a company with a Federal contract or subcontract, you are protected

Workers' Compensation Bill of Rights

WC-BILL OF RIGHTS
GEORGIA STATE BOARD OF WORKERS' COMPENSATION
BILL OF RIGHTS FOR THE INJURED WORKER

As required by law, O.C.G.A. §34-9-81.1, this is a summary of your rights and responsibilities. The Workers' Compensation Law protects you, as a worker in the State of Georgia. Your rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work-related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your true address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon cause of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one or after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

Equal Employment Opportunity

Race, Color, Religion, Sex, Sexual Orientation, Gender Identity, National Origin

Executive Order 11246, as amended, prohibits employment discrimination against Federal contractors based on race, color, religion, sex, sexual orientation, gender identity, or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

Asking About, Disclosing or Discussing Pay

Executive Order 11246, as amended, protects applicants and employees of Federal contractors from discrimination based on inquiring about, disclosing, or discussing their compensation or the compensation of other applicants or employees.

Disability

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals with disabilities from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment by Federal contractors. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship to the employer. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

Protected Veteran Status

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits employment discrimination against, and requires affirmative action to recruit, employ, and advance in employment, disabled veterans, recently separated veterans (i.e., within three years of discharge or release from active duty), active duty wartime or campaign badge veterans, or Armed Forces service medal veterans.

Retaliation

Section 503 prohibits an applicant who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise provides information to Federal contractors under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under OFCCP's authorities should contact immediately.

The Office of Federal Contract Compliance Programs (OFCCP)
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210 1-800-397-6251 (toll-free)

If you are deaf, hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services. OFCCP may also be contacted by submitting a question online to OFCCP's Help Desk at <https://helpdesk.dol.gov/>, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor and an OFCCP's "Contact Us" webpage at <https://www.dol.gov/agencies/ofccp/contact>.

PROGRAMS OR ACTIVITIES RECEIVING FEDERAL FINANCIAL ASSISTANCE

Race, Color, National Origin, Sex

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

Individuals with Disabilities

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

State & Federal Poster
For all your Labor Law Poster Compliance Solutions

MAKING UNAUTHORIZED COPIES IS AGAINST THE LAW AND MAY SUBJECT YOU TO CIVIL AND CRIMINAL LIABILITY

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0662 OR VISIT <https://www.sbwpc.org> WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19)

Family Medical Leave Act

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT
THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

What is FMLA leave? The Family and Medical Leave Act (FMLA) is a Federal law that provides eligible employees with job-protected leave for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take up to 12 workweeks of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you.
- Your serious mental or physical health condition that makes you unable to work.
- You or your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness may take up to 26 workweeks of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in one block of time. When it is medically necessary or otherwise permitted, you may take FMLA leave intermittently in separate blocks of time, or on a reduced schedule by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is not paid leave, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave? You are an eligible employee if all of the following apply:

- You work for a covered employer.
- You have worked for your employer at least 12 months.
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements. You work for a covered employer if one of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year.
- You work for an elementary or public or private secondary school.
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave? Generally, to request FMLA leave you must:

- Follow your employer's normal policies for requesting leave.
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You do not have to share a medical diagnosis but must provide enough information to your employer so you can determine whether the leave qualifies for FMLA protection. You must also inform your employer if FMLA leave was previously taken or approved for the same reason when requesting additional leave. Your employer may request information from a health care provider to verify medical leave and may request certification of a qualifying injury. The FMLA does not affect any federal or state law that prohibits or supersedes any state or federal law or collective bargaining agreement that provides greater family or medical leave rights. State employers may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do? If you are eligible for FMLA leave, your employer must:

- Allow you to take job-protected time off work for a qualifying reason.
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave. Your employer cannot interfere with your FMLA rights or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigator.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your employer must confirm whether you are eligible or not eligible for FMLA leave. If your employer determines that you are eligible, your employer must notify you in writing:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information? Call 1-866-487-9243 or visit dol.gov/fmla to learn more. If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. Scan the QR code to learn about our WHD complaint process.

For additional information: 1-866-4-USWAGE (1-866-487-9243)
TTY: 1-877-889-5627 www.dol.gov/whd

U.S. Department of Labor • Wage and Hour Division

USERRA

FOR USE BY PRIVATE SECTOR AND STATE GOVERNMENT EMPLOYERS
YOUR RIGHTS UNDER USERRA THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- you ensure that your employer receives advance written or verbal notice of your service;
- you have five years or less of cumulative service in the uniformed services while with that particular employer;
- you return to work or apply for reemployment in a timely manner after conclusion of service; and
- you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- are a past or present member of the uniformed service;
- have applied for membership in the uniformed service; or
- are obligated to serve in the uniformed service; then an employer may not deny you: • initial employment; • reemployment; • retention in employment; • promotion; or • any benefit of employment because of this status.

HEALTH INSURANCE PROTECTION

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

- The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <https://www.dol.gov/agencies/vets>. An interactive online USERRA Advisor can be viewed at <https://webapps.dol.gov/olaw/olaw.asp>.
- If you file a complaint with VETS and VETS is unable to resolve your case, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <https://www.dol.gov/agencies/vets/programs/usa/poster/FederalLawNotice> which lists employer's rights under the provisions of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.

U.S. Department of Labor • Wage and Hour Division
U.S. Department of Justice
Office of Special Counsel
1-800-338-4590

Polygraph Protection

The Employee Polygraph Protection Act prohibits most private employers from using lie detector tests either for pre-employment screening or during the course of employment.

PROHIBITIONS

Employers are generally prohibited from requiring or requesting any employee or job applicant to take a lie detector test, and from discharging, disciplining, or discriminating against an employee or prospective employee for refusing to take a test or for exercising other rights under the Act.

EXEMPTIONS

Federal, State and local governments are not affected by the law. Also, the law does not apply to tests given by the Federal Government to certain private individuals engaged in national security-related activities.

The Act permits polygraph (a kind of lie detector) tests to be administered in the private sector, subject to restrictions, to certain prospective employees of security service firms (armored car, alarm, and guard), and of pharmaceutical manufacturers, distributors and dispensers.

The Act also permits polygraph testing, subject to restrictions, of certain employees of private firms who are reasonably suspected of involvement in a workplace incident (theft, embezzlement, etc.) that resulted in economic loss to the employer.

The law does not preempt any provision of any State or local law or any collective bargaining agreement which is more restrictive with respect to lie detector tests.

EXAMINEE RIGHTS

Where polygraph tests are permitted, they are subject to numerous strict standards concerning the conduct and length of the test. Examinees have a number of specific rights, including the right to a written notice before testing, the right to refuse or discontinue a test, and the right not to have test results disclosed to unauthorized persons.

ENFORCEMENT

The Secretary of Labor may bring court actions to restrain violations and assess civil penalties against violators. Employees or job applicants may also bring their own court actions.

THE LAW REQUIRES EMPLOYERS TO DISPLAY THIS POSTER WHERE EMPLOYEES AND JOB APPLICANTS CAN READILY SEE IT.
1-866-487-9243 • TTY: 1-877-889-5627 www.dol.gov/whd

WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

Workers' Compensation Bill of Rights

job accident, will receive burial expenses up to \$7,500 and two thirds of your average weekly wage but not more than \$500 per week. A widowed spouse with no children will be paid a maximum of \$320,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.

9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work-related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your true address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon cause of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one or after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two thirds of your average weekly wage but not more than \$500 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have a permanent and total disability, your weekly benefits consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$533.33 per week, not to exceed 350 weeks.

7. When you are able to return to work, but are only get a lower paying job as a result of your injury, you can be entitled to a weekly payment of not more than \$533.33 per week for no longer than 350 weeks.

6. In other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$500 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have a permanent and total disability, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$533.33 per week, not to exceed 350 weeks.

5. Accidents are classified as being either catastrophic or noncatastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, or other injuries that prevent the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two thirds of your average weekly wage but not more than \$500 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-0849.

4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.

3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses, as a worker in the State of Georgia, you should not pay on the job. All injuries occurring on or before June 30, 2013 shall be entitled to lifetime medical benefits. If your accident occurred on or after July 1, 2013 medical treatment shall be limited to a maximum of 400 weeks from the accident date. If your injury is catastrophic in nature you may be entitled to lifetime medical benefits.

2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.

2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get authorization from a doctor on the posted list.

3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses, as a worker in the State of Georgia, you should not pay on the job. All injuries occurring on or before June 30, 2013 shall be entitled to lifetime medical benefits. If your accident occurred on or after July 1, 2013 medical treatment shall be limited to a maximum of 400 weeks from the accident date. If your injury is catastrophic in nature you may be entitled to lifetime medical benefits.

4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.

5. Accidents are classified as being either catastrophic or noncatastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, or other injuries that prevent the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two thirds of your average weekly wage but not more than \$500 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-0849.

6. In other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$500 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have a permanent and total disability, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$533.33 per week, not to exceed 350 weeks.

7. When you are able to return to work, but are only get a lower paying job as a result of your injury, you can be entitled to a weekly payment of not more than \$533.33 per week for no longer than 350 weeks.

8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two thirds of your average weekly wage but not more than \$500 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have a permanent and total disability, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$533.33 per week, not to exceed 350 weeks.

9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work-related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your true address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon cause of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one or after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The rights under the Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your State Board of Workers' Compensation. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0662, or the State Board of Workers' Compensation at 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: <https://www.sbwpc.org>. A lawyer is not needed to file a claim with the Board, however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777 or 1-800-334-6865.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0662 OR VISIT <https://www.sbwpc.org> WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19)

Child Labor Summary Sheet

When there is a difference in state, federal or local law regarding child labor, the law providing the most protection to the minor takes precedence.

Below are the more restrictive requirements for employing a minor.

MINIMUM AGE	14 Years of Age	JURISDICTION
EMPLOYMENT CERTIFICATE	15 Years of Age & Under	STATE
(Work Permit) (Includes home schooled minors & minors from out-of-state working in Georgia)		

OSHA Seguridad y Salud en el Trabajo ¡ES LEGAL!. Todos los trabajadores tienen el derecho a: Un lugar de trabajo seguro. Decir algo a su empleador o a la OSHA sobre preocupaciones de seguridad o salud, o reportar una lesión o enfermedad en el trabajo, sin sufrir represalias.

Llame OSHA. Podemos ayudar. 1-800-321-OSHA (6742) • TTY 1-877-889-5627 • www.osha.gov/spanish

Pregnant Workers Fairness Act (PWFA). ¿QUE ES PWFA? La Ley de Equidad para Trabajadoras Embarazadas (PWFA, por sus siglas en inglés) es una ley federal que exige que los empleadores cubran a las trabajadoras embarazadas.

Salario igual para trabajos iguales. IGUALDAD DE REMUNERACIÓN POR LEY IGUAL TRABAJO. POLÍTICA La Asamblea General de Georgia declara por la presente que la práctica de discriminación sobre la base del sexo que consiste en pagar a los empleados de un sexo según un régimen salarial inferior al de los del sexo opuesto por trabajos comparables en empleos que requieren los mismos o esencialmente los mismos conocimientos, habilidades, experiencias y responsabilidades, es una discriminación injusta contra la persona que recibe el salario inferior.

Vacaciones de desempleo. • Excedencia a petición propia • VACACIONES PAGAS • Vacaciones no remuneradas, hasta dos semanas en un año calendario si las proporciona.

Ley de Aire Libre de Humo. NO FUMADORES La ley prohíbe fumar dentro de lugares más públicos y abozaos específicos directrices para la que se permite fumar en los alrededores de los establecimientos de servicio público. O.C.G.A. § 31-12A-1 y ss.

Igualdad de Oportunidades en el Empleo. Conozca sus Derechos: La Discriminación en el Lugar de Trabajo es ilegal. La Comisión Para la Igualdad de Oportunidades en el Empleo (EEOC), por sus siglas en inglés, es el organismo federal encargado de hacer cumplir la ley que prohíbe la discriminación en el empleo.

¿Qué Tipos de Discriminación Laboral son Ilegales? • Discriminación por raza o etnia • Discriminación por edad • Discriminación por discapacidad • Discriminación por religión • Discriminación por sexo • Discriminación por embarazo y condiciones relacionadas, orientación sexual o identidad de género

¿Qué Puede Hacer si Cree que ha Ocurrido Discriminación? Comuníquese con la EEOC o inmediatamente a sospecha de discriminación. No demore, porque existen límites de tiempo estrictos para presentar una denuncia por discriminación (180 o 300 días, según el lugar donde viva o trabaje).

EMPLEADORES QUE TIENEN CONTRATOS O SUBCONTRATOS FEDERALES La Oficina de Programas de Cumplimiento de Contratos Federales (OCPFC) por sus siglas en inglés) del Departamento de Trabajo hace cumplir los requisitos de no discriminación y acción afirmativa de las empresas que hacen negocios con el gobierno.

State & Federal Poster. For all your labor law poster compliance solutions. MADE IN USA

LeY de licencia médica familiar. DERECHOS DE LOS EMPLEADOS BAJO LA LEY DE LICENCIA FAMILIAR Y MÉDICA. LA DIVISIÓN DE SALARIOS Y HORAS DEL DEPARTAMENTO DE TRABAJO DE LOS ESTADOS UNIDOS. ¿Qué es la licencia FMLA? La Ley de Licencia Familiar y Médica (FMLA, por sus siglas en inglés) es una ley federal que brinda a los empleados elegibles una licencia con protección laboral por razones familiares y médicas que califican. La División de Horas y Salarios (WHD) del Departamento de Trabajo de EE. UU. hace cumplir la FMLA para la mayoría de los empleados.

USERRA. PARA USO DEL SECTOR PRIVADO Y EMPLEADORES DEL GOBIERNO ESTADAL. SUS DERECHOS BAJO USERRA LA LEY DE DERECHOS DE EMPLEO Y REEMPLAZO DE LOS SERVICIOS UNIFORMADOS. USERRA protege los derechos laborales de las personas que, voluntaria o involuntariamente, dejan sus puestos de trabajo para realizar el servicio militar o ciertos tipos de servicio en el Sistema Médico Nacional para Desastres.

DERECHO A ESTAR LIBRE DE DISCRIMINACIÓN Y REPRESALIAS. Si usted es un miembro activo o ex miembro solicitado ser miembro del servicio uniformado, o están obligados a servir en el servicio uniformado, entonces un empleador no puede negarle: • empleo inicial; • reemplazo; • retención en el empleo; • promoción; o • cualquier beneficio de empleo debido a este estado.

Seguro de desempleo. Su empleo está cubierto por la Ley de Seguridad en el Empleo. Es posible que pueda establecer una reclamación ante el Seguro de Desempleo si queda TOTAL o PARCIALMENTE desempleado por causas ajenas a su voluntad y si cumple con todos los requisitos.

Declaración de Derechos de Compensación de Trabajadores. Responsabilidades de los Empleados. 1. Usted debe de seguir las reglas escritas de seguridad y otras pólizas razonables y procedimientos del empleador.

Aviso de Desempleo. Su empleo está cubierto por la Ley de Seguridad en el Empleo. Es posible que pueda establecer una reclamación ante el Seguro de Desempleo si queda TOTAL o PARCIALMENTE desempleado por causas ajenas a su voluntad y si cumple con todos los requisitos.

Declaración de Derechos de Compensación de Trabajadores. Responsabilidades de los Empleados. 2. Usted debe reportar cualquier accidente inmediatamente, pero no más tarde de 30 días después del accidente, a su empleador, los representantes del empleador, su supervisor o supervisor inmediato.

Aviso de Desempleo. Su empleo está cubierto por la Ley de Seguridad en el Empleo. Es posible que pueda establecer una reclamación ante el Seguro de Desempleo si queda TOTAL o PARCIALMENTE desempleado por causas ajenas a su voluntad y si cumple con todos los requisitos.

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Aviso de emergencia. AMBULANCIA: Llamémoslos al 911. HOSPITAL: Llamémoslos al 911. SUPLENTE: Llamémoslos al 911. OSHA: Llamémoslos al 911. MATERIALES PELIGROSOS: Llamémoslos al 911.

Aviso de día de pago. EL DÍA DE PAGO ESTÁ: LUNES MARTES MIÉRCOLES JUEVES VIERNES SABADO DOMINGO. EL HORARIO DE PAGO ES: SEMANALMENTE QUINCENAL O SEMI-MENSUAL MENSUAL. LOS CHEQUES SE EMITEN EN EL MES Y DEL MES. TIEMPO: DEL MES.

Salario mínimo federal. \$7.25 por hora a partir de julio 24, 2009. PAPO POR TIEMPO EXTRA: A menos que estén exentos, los empleados cubiertos por la Ley deben recibir pago de horas extras por las horas trabajadas más de 40 en una semana laboral a una tarifa no menor y medio de sus tarifas de pago regulares. Los revisores incluyeron aumentos al nivel salarial estándar y al umbral de compensación anual total de los empleados altamente remunerados, y un mecanismo para actualizar estos umbrales de ingresos para reflejar los datos de ingresos actuales.

Protección Polígrafo. Ley Para La Protección del Empleo contra la Prueba del Polígrafo. La Ley Para La Protección del Empleo contra la Prueba del Polígrafo le prohíbe a la mayoría de los empleadores del sector privado que utilice polígrafos para determinar la veracidad de sus empleados durante el período de pre-empleo o durante el servicio de empleo.

Hoja de resumen del trabajo infantil. Cuando hay una diferencia en las leyes estatales, federales o locales con respecto al trabajo infantil, prevalece la ley que brinda la mayor protección al menor.

OCUPACIONES PELIGROSAS. Menores de 17 años de edad y menores. http://www.youthrules.gov/know-the-limits/hazards/index.htm

OCUPACIONES PROHIBIDAS. Menores de 15 años de edad y menores. http://dol.georgia.gov/child-labor-hazardous-occupations

Salario mínimo de discapacidad. • TRABAJADORES CON IMPEDIMIENTOS A QUIENES SE LES PAGAN SUELDOS MÍNIMOS ESPECIALES-DIVISIÓN DE HORAS Y SALARIOS DEL DEPARTAMENTO DE LABOR DE LOS ESTADOS UNIDOS

Declaración de Derechos de Compensación de Trabajadores. Responsabilidades de los Empleados. 3. Usted debe de aceptar tratamiento de rehabilitación o de rehabilitación de la mano de obra si el empleador le ofrece un programa de rehabilitación o de rehabilitación de la mano de obra.

Declaración de Derechos de Compensación de Trabajadores. Responsabilidades de los Empleados. 4. Usted debe de aceptar tratamiento de rehabilitación o de rehabilitación de la mano de obra si el empleador le ofrece un programa de rehabilitación o de rehabilitación de la mano de obra.

Declaración de Derechos de Compensación de Trabajadores. Responsabilidades de los Empleados. 5. Usted debe de aceptar tratamiento de rehabilitación o de rehabilitación de la mano de obra si el empleador le ofrece un programa de rehabilitación o de rehabilitación de la mano de obra.

Declaración de Derechos de Compensación de Trabajadores. Responsabilidades de los Empleados. 6. Usted debe de aceptar tratamiento de rehabilitación o de rehabilitación de la mano de obra si el empleador le ofrece un programa de rehabilitación o de rehabilitación de la mano de obra.

Declaración de Derechos de Compensación de Trabajadores. Responsabilidades de los Empleados. 7. Usted debe de aceptar tratamiento de rehabilitación o de rehabilitación de la mano de obra si el empleador le ofrece un programa de rehabilitación o de rehabilitación de la mano de obra.

Declaración de Derechos de Compensación de Trabajadores. Responsabilidades de los Empleados. 8. Usted debe de aceptar tratamiento de rehabilitación o de rehabilitación de la mano de obra si el empleador le ofrece un programa de rehabilitación o de rehabilitación de la mano de obra.

(This notice must be posted in a conspicuous place readily accessible to the employees at all times.)

PANEL OF PHYSICIANS

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expense within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

The insurance company providing coverage for this business under the Workers' Compensation Law is:

Insurer Name: THE TRAVELERS INSURANCE COMPANIES Phone: (800) 238-6225
THE TRAVELERS INSURANCE COMPANIES
P.O. BOX 4614
Address: BUFFALO, NY 14240-4614
Insurer Email: GAPANELS@travelers.com

Instructions to injured worker: Review the following physician's contact information and select the provider with whom you would like to receive medical treatment.

Physician's Contact Information: Name, Address, Phone, and website listed below:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

(Additional doctors may be added on a separate sheet)

This box is checked if additional physicians are listed on separate sheet.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <https://sbwc.georgia.gov>
Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. § 34-9-18 and § 34-9-19).

WC-P1 (7/2023)

W10P1G23

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

BILL OF RIGHTS FOR THE INJURED WORKER

As required by law, O.C.G.A. §34-9-81.1, this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

Employee's Rights

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job. All injuries occurring on or before June 30, 2013 shall be entitled to lifetime medical benefits. If your accident occurred on or after July 1, 2013 medical treatment shall be limited to a maximum of 400 weeks from the accident date. If your injury is catastrophic in nature you may be entitled to lifetime medical benefits.
4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than \$800 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-0849.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$800 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$533.33 per week, not to exceed 350 weeks.
7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than \$533.33 per week for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than \$800 per week. A widowed spouse with no children will be paid a maximum of \$320,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.
9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0682, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: <https://www.sbwcc.georgia.gov>. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777 or 1-800-334-6865.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <https://www.sbwcc.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

JUNTA ESTATAL DE COMPENSACIÓN DE TRABAJADORES DE GEORGIA**DECLARACIÓN DE DERECHOS PARA EL TRABAJADOR LESIONADO**

Según lo requiere la Ley O.C.G.A. §34-9-81.1, esto es un recuento de sus derechos y responsabilidades. La Ley de Compensación de Trabajadores le provee a usted, como trabajador en el Estado de Georgia, ciertos derechos y responsabilidades si usted se lesiona en el trabajo. La Ley de Compensación de Trabajador le provee a usted con cobertura de lesiones relacionadas con el trabajo aunque su lesión sea en el primer día de trabajo. Además de sus derechos, usted también tiene ciertas responsabilidades. Sus derechos y responsabilidades están descritos abajo.

Derechos de los Empleados

1. Si usted se lesiona en el trabajo, usted puede recibir rehabilitación médica y beneficios de ingresos. Estos beneficios son proveídos para ayudarlo a regresar al trabajo. También sus dependientes pueden recibir beneficios si usted muere como resultado de lesiones recibidas en el trabajo.
2. Se le requiere a su empleador que anuncie una lista de seis doctores o por lo menos el nombre de un WC/ MCO certificado que provee cuidados médicos, al menos que la Junta halla otorgado una excepción. Usted puede escoger un doctor de la lista sin el permiso de su empleador. Sin embargo, en una emergencia, usted puede recibir asistencia medica temporaria de cualquier otro medico hasta que la emergencia termine después usted debe recibir tratamiento de los médicos que se anuncian en la lista.
3. Sus cuentas médicas autorizadas, cuentas de hospital, rehabilitación en algunos casos, terapia física, recetas y gastos de transporte serán pagados si la lesión fue ocasionada por un accidente en el trabajo. Todas las lesiones que ocurren en o antes 30 de junio de 2013 se tendrá derecho a beneficios médicos de por vida. Si el accidente ocurrió en o 1 de julio del 2013 el tratamiento médico será limitado a un máximo de 400 semanas a partir de la fecha del accidente. Si su lesión es catastrófica en la naturaleza que puede tener derecho a beneficios médicos de por vida.
4. Usted tiene derecho a recibir beneficios de ingresos semanales si usted ha perdido tiempo por más de siete días debido a una lesión. Su primer cheque debe ser enviado a usted dentro de 21 días, después del primer día que faltó al trabajo. Si esta fuera más de 21 días consecutivos debido a su lesión, se le pagara la primera semana.
5. Los accidentes son clasificados ya sea catastróficos o no catastróficos. Lesiones catastróficas son las que envuelven amputación, parálisis severas, lesiones severas de la cabeza, quemaduras severas, ceguera que prevenga al empleado a que pueda realizar el o ella su trabajo anterior o cualquier otro trabajo disponible en numero considerable dentro de la economía nacional. En casos catastróficos usted tiene derecho a recibir un promedio de dos terceras partes de su ingreso semanal pero no más de \$800 por semana por una lesión relacionada con el trabajo durante todo el tiempo que usted no pueda regresar a su trabajo. Usted también tiene derecho a recibir beneficios médicos y de rehabilitación. Si usted necesita ayuda en esta área llame a la Junta Estatal de Compensación de Trabajadores al (404) 656-0849.
6. En todos los otros casos (no catastróficos) usted tiene el derecho a recibir dos terceras partes de su sueldo promedio semanal pero no más de \$800 por semana de una lesión relacionada de trabajo, usted recibirá estos beneficios mientras usted este incapacitado. Pero no más de 400 semanas si no esta trabajando y se determina que usted esta capacitado a desempeñar con restricción por 52 semanas consecutivas o 78 semanas agregadas sus ingresos semanales serán reducidos a dos terceras partes de su sueldo promedio pero no más de \$533.33 por semana, que no excedan 350 semanas.
7. Cuando usted pueda regresar a trabajar pero solo pueda conseguir empleo de salario bajo como resultado de su lesión usted tiene derecho a un beneficio semanal de no más de \$533.33 por semana pero no más de 350 semanas.
8. En caso de que usted muera como resultado de un accidente en el trabajo, su dependiente (s) recibirán para gastos de entierro \$7,500 y dos terceras partes de su sueldo promedio semanal, pero no más de \$800 por semana. Una esposa viuda sin niños se le pagara un máximo de \$320,000 en beneficios continuos hasta que EL/ELLA se vuelva a casar o abiertamente cohabite con una persona del sexo opuesto.
9. Si usted no recibe beneficios cuando sea debido, la compañía de seguro/empleador debe de pagar penalidades, que se agregaran a sus pagos.

Responsabilidades de los Empleados

1. Usted debe de seguir las reglas escritas de seguridad y otras pólizas razonables y procedimientos del empleador.
2. Usted debe reportar cualquier accidente inmediatamente, pero no más tarde de 30 días después del accidente, a su empleador, los representantes del empleador, su capataz o supervisor inmediato. Fallar en hacerlo puede resultar en la perdida de sus beneficios.
3. Un empleado tiene la continua obligación de cooperar con proveedores médicos en el curso de su tratamiento relacionado con lesiones de trabajo. Usted debe aceptar tratamientos médicos razonables y servicios de rehabilitación cuando sean ordenados por la Junta Estatal de Compensación de Trabajadores o la Junta puede suspender sus beneficios.
4. No se permitirá compensación por una lesión o muerte debido a una conducta mal intencionada de los empleados.
5. Debe de notificar a la compañía de seguro/empleador de su dirección cuando se mude a un nuevo lugar. Usted debe notificar a la compañía de seguros/empleador cuando usted halla regresado a trabajar de tiempo completo o medio tiempo y reportar la cantidad de su salario semanal porque usted puede tener derecho a algún beneficio de ingreso aun así halla regresado al trabajo.
6. Una esposa dependiente de un empleado difunto debe notificar a la compañía de seguro/ empleador de cambios de dirección o nuevo matrimonio.
7. Usted debe intentar un trabajo aprobado por su medico autorizado aunque el pago sea mas bajo que en el trabajo que usted tenia cuando se lesionó, si usted no intenta el trabajo sus beneficios pueden ser suspendidos.
8. Si usted cree que debe recibir beneficios y su compañía de seguros/empleador niega estos beneficios. Usted debe de hacer un reclamo dentro de un año después del ultimo tratamiento medico o dentro de dos años de su último pago de beneficios semanales o usted perderá sus derechos a estos beneficios.
9. Si su (s) dependiente (s) no reciben beneficio de pagos permitidos. El dependiente debe hacer un reclamo con la Junta Estatal de Compensación de Trabajadores dentro de un año después de su muerte o perderán los derechos a estos beneficios.
10. Algún pedido de reembolso a usted por millas o otros gastos relacionados con tratamiento medico debe ser sometidos a la compañía de seguros/empleador dentro de un año del día que los gastos fueron incurridos.
11. Si un empleado injustificadamente rehúsa a someterse a una prueba de droga después de una lesión en el trabajo habrá una presunción de que el accidente y lesión fueran causados por droga o alcohol. Si la presunción no se sobrepone por otras evidencias, algún reclamo hecho para beneficios de compensación de Trabajador serán negados.
12. Usted será culpable de un delito menor y una vez convicto debe ser castigado con una multa de no más de \$10,000.00 o encarcelamiento de hasta 12 meses o las dos, por hacer declaraciones falsas o engañosos testimonios cuando reclame beneficios. También cualquier declaración falsa o evidencia falsa dadas bajo juramento durante el curso de alguna audiencia de división de apelación o administración es perjurio.

La Junta de Compensación de Trabajadores le proporcionará la información relativa a la manera de presentar una reclamación y responderá a cualquier preguntas adicionales sobre sus derechos en virtud de la ley. Si usted llama en la zona de Atlanta, el teléfono es el (404) 656-3818 y fuera de la zona metropolitana de Atlanta, llame al 1-800-533-0682, o escriba a la Junta Estatal de Compensación de Trabajadores a 270 Peachtree Street, NW, Atlanta, Georgia 30303-1299 o visita sitio web: <https://www.sbcw.georgia.gov>. No es necesario tener un abogado para presentar una reclamación a la Junta; sin embargo, si usted cree que necesita los servicios de un abogado y no tiene uno propio, usted puede ponerse en contacto con el Servicio de Referencia de Abogados (Lawyers Referral Service) al teléfono (404) 521-0777 o al 1-800-334-6865.

SI USTED TIENE PREGUNTAS LLAME AL (404) 656-3818 O 1-800-533-0682 O VISITA SITIO WEB: <https://www.sbcw.georgia.gov>
 CUALQUIER DECLARACIÓN FALSA Y DELIBERADA PARA OBTENER O NEGAR BENEFICIOS ES UNA OFENSA CRIMINAL Y ES SUJETO A PENALIDADES DE HASTA \$10,000 POR CADA VIOLACIÓN (O.C.G.A. §34-9-18 Y §34-9-19).

(Este aviso debe ser puesto en un lugar accesible al empleado todo el tiempo.)

PANEL DE DOCTORES AVISO OFICIAL

Esta compañía opera bajo las Leyes de Compensación de Trabajadores de Georgia
LOS TRABAJADORES DEBEN REPORTAR TODOS LOS ACCIDENTES INMEDIATAMENTE AL EMPLEADOR Y AVISAR AL EMPLEADOR PERSONALMENTE, UN AGENTE, REPRESENTANTE, PATRON, SUPERVISOR O CAPATAZ.

Si un trabajador es lesionado en el trabajo el empleador debe pagar gastos médicos y rehabilitación dentro de los límites de la ley. En algunos casos el empleador también pagara una parte de los salarios perdidos de los empleados.

Lesiones de trabajo y enfermedades ocupacionales deben ser reportados por escrito cuando sea posible. El trabajador puede perder el derecho a recibir compensación si un accidente no es reportado dentro de 30 días (referencia O.C.G.A. § 34-9-80).

El empleador ofrecerá sin costo alguno, si es pedido, un formulario para reportar accidentes y también debe suministrar, sin costo alguno, información acerca de compensación de trabajadores. El empleador también debe suministrar al empleado, cuando sea pedido, copias de formularios de la Junta archivados con el empleador pertenecientes a reclamos de los empleados.

Un trabajador lesionado en el trabajo debe seleccionar un doctor de la lista abajo. El panel mínimo debe consistir de por lo menos seis médicos, incluyendo un cirujano ortopédico con no más de dos médicos de clínicas industriales (referencia O.C.G.A. § 34-9-201). Además, este panel debe incluir un medico minoritario, cuando sea posible (vea la regla 201 de definición de médicos minoritarios.) La Junta puede otorgar excepciones al tamaño requerido del panel donde se demuestre que más de cuatro médicos no son razonablemente accesibles. Un cambio de un doctor a otro en la lista se puede hacer fin permiso. Cambios adicionales requieren el permiso del empleador o de la Junta Estatal de Compensación de Trabajadores.

La compañía de seguro que provee cobertura para esta Empresa bajo la ley de Compensación de Trabajadores es:

THE TRAVELERS INSURANCE COMPANIES

Nombre de la compañía de seguridad: _____ Telefono: (800) 238-6225

THE TRAVELERS INSURANCE COMPANIES

P.O. BOX 4614

Dirección: BUFFALO, NY 14240-4614

Correo electrónico: GAPANELS@travelers.com

Instrucciones para el trabajador lesionado: Por favor de revisar la información de contacto de los siguientes proveedores médicos y seleccionar el proveedor de quien quiere recibir tratamiento médico.

Información de contacto del proveedor médico: Nombre, dirección, teléfono, y sitio web enumerados a continuación abajo:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

(Proveedores médicos adicionales se pueden agregar en página adicional)

Este cuadro es marcado si es que proveedores médicos adicionales son enumerados en página adicional.

SI USTED TIENE PREGUNTAS LLAME AL (404) 656-3818 o 1-800-533-0682 o VISITA SITIO WEB: <https://www.sbwc.georgia.gov>

HACER FALSOS TESTIMONIOS VOLUNTARIAMENTE CON EL PROPÓSITO DE OBTENER O NEGAR BENEFICIOS ES UN CRIMEN SUJETO A PENALIDADES DE HASTA 10,000.00 POR VIOLACIÓN (O.C.G.A. §34-9-18 Y §34-9-19.)

WC-P1 (7/2023)



**You do not have to accept this payroll card.
Ask your employer about other ways to receive your wages.**

Monthly Fee	Per Purchase	ATM Withdrawal	Cash Reload
N/A	\$0	\$0 In-Network \$1.75 Out-of-Network	N/A
ATM Balance Inquiry (In-Network and Out-of-Network)			\$0.75*
Customer Service			\$0
Inactivity (After 180 days with no transactions)			\$5.00 per month*

We charge 13 other types of fees.

*This fee can be lower or charged differently depending on how and where this card is used and your state of employment or residence. Information on ways to access your pay without a fee is in the card packet.

No overdraft/credit feature.

Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit cfpb.gov/prepaid.
Find details and conditions for all fees and services in the card packet.

The PaychekPLUS!® Elite Visa® Payroll Card is issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC.

Program Number 54718983 / 06-20

List of All Fees for PaychekPLUS!® Elite Visa® Payroll Card – 54718983

All Fees	Amount	Details
Get Cash		
ATM Withdrawal (Out-of-Network)	\$1.75	This is our fee for each Out-of-Network ATM Withdrawal. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. We do not charge for In-Network ATM Withdrawals. Allpoint ATM Networks are "In-Network" for you, and can be used without incurring a fee. All other ATMs are "Out-of-Network". In-Network ATM locations can be found at allpointnetwork.com .
ATM Withdrawal Decline (In-Network and Out-of-Network)	\$0.75	This is our fee for each In-Network or Out-of-Network ATM Withdrawal Decline. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. Allpoint ATM Networks are "In-Network" for you, and all other ATMs are "Out-of-Network". For Connecticut, Illinois, and New York workers, this fee is waived.
Teller Assisted Cash Withdrawal Decline	\$0.50	This fee is charged each time your Teller Assisted Cash Withdrawal is declined for insufficient funds. For Connecticut and Illinois workers, this fee is waived.
Spend Money		
Purchase Decline	\$0.50	This fee is charged each time a purchase transaction is declined for insufficient funds. For Connecticut and Illinois workers, this fee is waived.
Information		
ATM Balance Inquiry (In-Network and Out-of-Network)	\$0.75	This is our fee for each ATM Balance Inquiry. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. For New York workers, the fee for In-Network ATM Balance Inquiries is waived.
ChekToday Services		
Expedited Check Order	\$35.00	This fee is charged for expediting the mailing of your Check Order. You may avoid this fee by choosing Standard Check Order.
Check Return	\$25.00	This fee is charged each time a check is returned for insufficient funds.
Check Copy	\$10.00	This fee is charged each time a copy of a check is requested.
Check Stop Payment	\$25.00	This fee is charged when a stop payment is placed on a check (including lost or stolen checks).
Using Your Card Outside the U.S.		
International Purchase	\$1.00	This fee is charged for each International Purchase. For Connecticut, Illinois, New York, and Pennsylvania workers, this fee is waived. Network operators may charge additional fees for international transactions and/or currency conversion.
International Purchase Decline	\$0.75	This fee is charged each time an International Purchase is declined for insufficient funds. For Connecticut and Illinois workers, this fee is waived. Network operators may charge additional fees for international transactions and/or currency conversion.
International ATM Withdrawal	\$3.50	This is our fee charged for each International ATM Withdrawal Transaction. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. Network operators may charge additional fees for international transactions and/or currency conversion.
International ATM Withdrawal Decline	\$1.00	This is our fee charged for each International ATM Withdrawal Decline. For Connecticut, Illinois, and New York workers, this fee is waived. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. Network operators may charge additional fees for international transactions and/or currency conversion.
International ATM Balance Inquiry	\$1.00	This is our fee for each International ATM Balance Inquiry. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
Third-Party Fees		
Check Reload (Third Party) Ingo Money	5%	This is not our fee and is subject to change. Money in 10 Days - no fee. Fee of up to 5% of check value may apply when cashing a check to load your card at Ingo Money. Money in Minutes - 2% (pre-printed payroll or gov't checks) or 5% (all other checks), minimum \$5.00. Fee is deducted from check value. Go to ingomoney.com for more information. This information was accurate as of 06/23/2020.

Continued on next page

Other		
Custom Card Order	\$4.95	This fee is charged if you elect to create custom card. You may avoid this fee by keeping your standard card.
Expedited Handling of Card Replacement	\$25.00	This is our fee for expediting the mailing of your replacement card (3-5 business days). You may avoid this fee by choosing Standard Card Replacement.
Inactivity (After 180 days with No Transactions)	\$5.00	This fee will be charged during each month in which there have been no cardholder-initiated, balance changing transactions during the preceding 180 days. You can avoid this fee by initiating at least 1 balance changing transaction every 180 days. For Connecticut, Illinois, and Pennsylvania workers, the Inactivity fee will be charged during each month in which there has been no cardholder-initiated, balance changing transactions for the prior 12 months. For cardholders with a Texas residential address, the Inactivity fee will not be charged after card has been inactive for more than 12 months. For Minnesota and New York workers this fee is waived. For Hawaii workers, accounts with a balance of \$0.00 and no activity for more than six (6) months will be closed.
U.S. Postal Service Money Order Rebate	N/A	Once per pay period, you will receive an automatic rebate of the USPS money order fee. The rebate will be applied to your account at the time of your money order purchase.
<p>Your funds are eligible for FDIC insurance. Your funds will be held at or transferred to The Bancorp Bank, an FDIC-insured institution. Once there, your funds are insured up to \$250,000 by the FDIC in the event The Bancorp Bank fails, if specific deposit insurance requirements are met. See fdic.gov/deposit/deposits/prepaid.html for details.</p> <p>No overdraft/credit feature.</p> <p>Contact Cardholder Services by calling 1-877-889-0050 by mail at Cardholder Services, P.O. Box 551617, Jacksonville, FL 32255 or visit paychekplus.com. For general information about prepaid accounts, visit cfpb.gov/prepaid. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.</p>		

This list of fees supersedes and replaces the fee schedule and Cardholder Agreement Supplement referenced in your Cardholder Agreement.

03263-36-73 / 08-20

**Usted no tiene que aceptar esta tarjeta de nómina.
Pregunte a su empleador sobre otras maneras de recibir su sueldo.**

Cargo Mensual	Por Compra	Retiro de Fondos en ATM	Recarga de Efectivo
N/A	\$0	\$0 Dentro de la Red \$1.75 Fuera de la Red	N/A
Consulta de Saldo en ATM (Dentro o Fuera de la Red)			\$0.75*
Servicio de Atención al Cliente			\$0
Inactividad (después de 180 días sin transacciones)			\$5.00 por mes*

Cobramos otros 13 tipos de cargos.

*Este cargo puede ser menor o puede cobrarse de manera diferente, dependiendo de cómo y dónde se utilice esta tarjeta y del estado en el que reside o trabaja.

La información acerca de las maneras de acceder a su pago sin cargos se encuentra en el paquete de la tarjeta.

Sin prestación de sobregiro/crédito.

Sus fondos son elegibles para el seguro FDIC.

Para obtener información general sobre cuentas prepagadas, visite cfpb.gov/prepaid.

Encuentre detalles y condiciones de todos los cargos y servicios en el paquete de la tarjeta.

La Tarjeta de Nómina PaychekPLUS!® Elite Visa® es emitida por The Bancorp Bank, Miembro FDIC, conforme a una licencia de Visa U.S.A. Inc. The Bancorp Bank, Miembro FDIC.

Controles del idioma inglés. Esta traducción se provee para su conveniencia. Los significados de términos, condiciones y representaciones contenidas en este material están sujetos a definiciones e interpretaciones del idioma inglés. Es posible que la traducción no represente precisamente la información original en inglés.

Número de Programa 54718983 / 06-20

Todos los Cargos	Monto	Detalles
Retiros de Efectivo		
Retiro de Fondos en ATM (Fuera de la Red)	\$1.75	Este es nuestro cargo por cada Retiro de Fondos en ATM Fuera de la Red. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción. No cobramos cargos por Retiros de Fondos en ATM Dentro de la Red. Las Redes de ATM Allpoint se encuentran "Dentro de la Red" para usted y pueden usarse sin incurrir en cargos. Todos los demás ATM están "Fuera de la Red". Las ubicaciones de los ATM pueden encontrarse en: allpointnetwork.com .
Rechazo de Retiro de Fondos en ATM (Dentro y Fuera de la Red)	\$0.75	Este es nuestro cargo por cada Rechazo de Retiro de Fondos en ATM Dentro y Fuera de la Red. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción. Las Redes de ATM de Allpoint se encuentran " Dentro de la Red " para usted, y todos los demás ATM están " Fuera de la Red ". Este cargo no se cobra a los trabajadores de Connecticut, Illinois y New York .
Rechazo de Retiro de Efectivo con Personal de Ventanilla	\$0.50	Este cargo se cobra cada vez que su Retiro de Efectivo con Personal de Ventanilla se rechaza debido a fondos insuficientes. Este cargo no se cobra a los trabajadores de Connecticut e Illinois .
Gasto de Dinero		
Rechazo de Compra	\$0.50	Este cargo se cobra cada vez que una transacción de compra se rechaza por fondos insuficientes. Este cargo no se cobra a los trabajadores de Connecticut e Illinois .
Información		
Consulta de Saldo en ATM (Dentro y Fuera de la Red)	\$0.75	Este es nuestro cargo por cada Consulta de Saldo en ATM. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción. No se cobra el cargo por Consulta de Saldo de ATM Dentro de la Red a los trabajadores de New York .
Servicios ChekToday		
Pedido Expreso de Cheques	\$35.00	Este cargo se cobra por agilizar el envío postal de su Pedido de Cheques. Puede evitar este cargo eligiendo el Pedido de Cheques con Envío Estándar.
Devolución de Cheques	\$25.00	Este cargo se cobra cada vez que un cheque es devuelto debido a fondos insuficientes.
Fotocopia de Cheque	\$10.00	Este cargo se cobra cada vez que se solicita la fotocopia de un cheque.
Suspensión de Pago de Cheque	\$25.00	Este cargo se cobra cuando se solicita la suspensión de pago de un cheque (incluidos cheques extraviados o robados).
Uso de Su Tarjeta Fuera de los EE. UU.		
Compra Internacional	\$1.00	Este cargo se cobra por cada Compra Internacional. Este cargo no se cobra a los trabajadores de Connecticut, Illinois, New York y Pennsylvania . Es posible que los operadores de la red le cobren cargos adicionales por transacciones internacionales y/o por conversiones de moneda.
Rechazo de Compra Internacional	\$0.75	Este cargo se cobra cada vez que se rechaza una Compra Internacional debido a fondos insuficientes. Este cargo no se cobra a los trabajadores de Connecticut e Illinois . Es posible que los operadores de la red le cobren cargos adicionales por transacciones internacionales y/o por conversiones de moneda.
Retiro de Fondos en ATM Internacional	\$3.50	Este es nuestro cargo por cada Transacción de Retiro de Fondos en ATM Internacional. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción. Es posible que los operadores de la red le cobren cargos adicionales por transacciones internacionales y/o por conversiones de moneda.
Rechazo de Retiro de Fondos en ATM Internacional	\$1.00	Este es nuestro cargo por cada Rechazo de Retiro de Fondos en ATM Internacional. Este cargo no se cobra a los trabajadores de Connecticut, Illinois y New York . El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción. Es posible que los operadores de la red le cobren cargos adicionales por transacciones internacionales y/o por conversiones de moneda.
Consulta de Saldo en ATM Internacional	\$1.00	Este es nuestro cargo por cada Consulta de Saldo en ATM Internacional. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción.
Cargos de Terceros		
Recarga con Cheque (Terceros) Ingo Money	5%	Este cargo no es nuestro y está sujeto a cambios. Dinero en 10 Días: sin cargo. Se puede aplicar un cargo de hasta el 5% del valor del cheque cuando cobre un cheque para cargar su tarjeta en Ingo Money. Money in Minutes: 2% (cheques preimpresos de nómina o de gobierno) o 5% (todos los demás cheques), mínimo de \$5.00. El cargo se deduce del valor del cheque. Visite ingomoney.com para obtener más información. Esta información era precisa a 06/23/2020.

Continúa en la siguiente página

Otros		
Pedido de una Tarjeta Personalizada	\$4.95	Este cargo se cobra si elige crear una tarjeta personalizada. Puede evitar este cargo si mantiene su tarjeta estándar.
Reemplazo de Tarjeta con Envío Expreso	\$25.00	Este es nuestro cargo por agilizar el envío postal de su tarjeta de reemplazo (3 a 5 días hábiles). Puede evitar este cargo si elige el Reemplazo de Tarjeta con Envío Estándar.
Inactividad (después de 180 días Sin transacciones)	\$5.00	Este cargo se cobrará cada mes en que el titular de la tarjeta no haya iniciado transacciones que modifiquen el saldo durante los 180 días previos. Puede evitar este cargo al iniciar al menos 1 transacción que modifique el saldo cada 180 días. Para los trabajadores de Connecticut, Illinois y Pennsylvania , el Cargo por Inactividad se cobrará cada mes en que el titular de la tarjeta no haya iniciado transacciones que modifiquen el saldo durante los 12 meses previos. Para los titulares de tarjeta que tengan dirección residencial en Texas , el cargo por Inactividad no se cobrará después de que la tarjeta haya estado inactiva por más de 12 meses. Este cargo no se cobra a los trabajadores de Minnesota y New York . Para los trabajadores de Hawaii , las cuentas que tengan un saldo de \$0.00 y que no tengan actividad durante más de seis (6) meses se cerrarán.
Reembolso de Giro Postal de USPS	N/A	Una vez por período de pago, usted recibirá un reembolso automático del cargo por giro postal de USPS. El reembolso se aplicará a su cuenta al momento de la compra del giro postal.
<p>Sus fondos son elegibles para el seguro FDIC. Sus fondos se conservarán en, o se transferirán a, The Bancorp Bank, que es una institución asegurada por la FDIC. Una vez allí, la FDIC asegurará sus fondos hasta \$250,000 en caso de que The Bancorp Bank no lo haga, si se cumplen los requisitos específicos del seguro de depósito. Consulte fdic.gov/deposit/deposits/prepaid.html para obtener detalles.</p> <p>Sin prestación de sobregiro/crédito.</p> <p>Comuníquese con Servicios para Titulares de Tarjetas llamando al 1-877-889-0050, por correo a Cardholder Services, P.O. Box 551617, Jacksonville, FL 32255 o visite paychekplus.com. Para obtener información general sobre cuentas prepagadas, visite cfpb.gov/prepaid. Si tiene alguna queja sobre una cuenta prepagada, llame a la Oficina para la Protección Financiera del Consumidor (Consumer Financial Protection Bureau) al 1-855-411-2372, o visite cfpb.gov/complaint.</p>		

Esta lista de cargos reemplaza la lista de cargos y el Anexo del Contrato del Titular de Tarjeta que se mencionan en su Contrato del Titular de Tarjeta.

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PRE-ENROLLMENT DISCLOSURE

Please review the following important information about the payroll card (the "Card") offered by your employer to you. You should also review the full list of the fees ("List of All Fees") and Cardholder Agreement, which are provided with this disclosure and which include additional information about card terms and fees as well as your rights and responsibilities associated with the Card.

Payroll Options. Your employer offers several options for receiving your pay, including direct deposit to the account of your choice, paper check, and a payroll card account. Use of a payroll card is voluntary; you are not required to accept your wages on a Card. Your employer must provide you with details on your other pay options. You may change the method by which you receive your pay at any time. Please ask your employer about how to change your pay method.

Access to Your Wages at No Charge. There are several ways to access your pay from your Card without incurring fees including withdrawals at In-Network ATMs, Teller Assisted Cash Withdrawals at member banks, and U.S. Postal Service money order purchases. While your Card offers many services at no cost, some transactions or services may have fees. The brochure included with your Card provides examples of how to maximize these no cost transactions. Withdrawal limits are in place to protect you from potential fraud. In the event your withdrawals exceed the daily withdrawal limits and you would like to withdraw all your funds, please contact Cardholder Services by calling the number on the back of your Card.

Payroll Card Fees. There are no fees for enrolling and participating in the program or receiving and activating your first Card. There are also no overdraft fees associated with your Card. This Card is a prepaid card and does not have overdraft protection features available. You may not be charged any fees by the issuer of the Card or your employer other than those listed on the List of All Fees.

The List of All Fees contains the list of fees that you may incur when accessing cash or using your Card. Please retain the List of All Fees so you can refer to it in the future. Third-parties, like ATM operators, loading networks and mobile carriers, may charge you additional fees when you use their services. Foreign transactions may carry fees and are subject to change. See the List of All Fees.

How to Access Your Account Balance. You can obtain balance and transaction information about your Card by calling Cardholder Services at the number on the back of your Card, or by visiting the website listed on the back of your Card. You can use these services 24-hours a day, 7 days a week without cost. You also can sign up to receive email or text alerts with information about your account balance at the website listed on the back of your Card or via the Prepaid CardConnect Mobile App. Message and Data Rates May Apply.

How to Access Transaction Histories. You may view a 12-month history of your Card transactions electronically or request a 24-month written history of your Card transactions by visiting the website listed on the back of your Card or by calling Cardholder Services at the phone number listed on the back of your Card. You may also request monthly statements at no cost.

Closing Your Payroll Card Account. You may close your Card account by calling Cardholder Services at the phone number on the back of your Card. When you close your Card account, you may request the remaining balance be paid to you by check. You will not be charged a fee for closing your Card account or receiving your balance by check. You will be responsible for all applicable fees associated with any transactions you authorized prior to closing the Card account.

Replacement Card. You will also be sent a replacement card before the expiration date listed on your Card. Standard Card Replacements are provided at no cost to you. Check your List of All Fees to see if other fees such as expedited shipping may apply.

Additional Disclosures for Minnesota Workers: You should receive a copy of the signed written consent from your employer, and the consent must include the terms and conditions of the payroll card account option. If your employer offers a payroll card to you using materials in a language other than English, all disclosures, written consent, and payroll card account agreements must be in that other language. You may request to be paid in another way, using a form your employer must provide you. Your employer must begin payment using the new method within 14 days of receiving your request. Unless you consent in writing, information generated by your possession or use of the Card may only be used to process transactions and administer the Card.

Additional Disclosures for New Hampshire Workers: The written consent must include the terms and conditions of the payroll card account option. Your employer must provide written notice of any changes to the terms and conditions of the payroll card, including the itemized list of fees, and obtain your consent to continue paying your wages to Card after the change. Your employer is responsible for any increase in fees charged before written notice of the change is provided to you.

This card is issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc. Card can be used everywhere Visa debit cards are accepted.

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DIVULGACIÓN DE PREINSCRIPCIÓN

Revise la siguiente información importante acerca de la tarjeta de nómina (la "Tarjeta") que le ofrece su empleador. Usted también debe revisar la lista completa de cargos ("Lista de Todos los Cargos") y el Contrato del Titular de Tarjeta, provistos con esta divulgación, los cuales incluyen información adicional acerca de los términos y cargos de la tarjeta, así como también de sus derechos y responsabilidades asociadas con la Tarjeta.

Opciones de Nómina. Su empleador le ofrece varias opciones para recibir su pago, incluyendo depósito directo a la cuenta que elija, cheques impresos y una cuenta de tarjeta de nómina. El uso de la tarjeta de nómina es voluntario. No es obligatorio que acepte recibir sus sueldos en una Tarjeta. Su empleador debe proveerle detalles de sus otras opciones de pago. Puede cambiar en cualquier momento el método mediante el cual recibe su pago. Pregúntele a su empleador acerca de cómo cambiar su método de pago.

Acceso a Sus Sueldos Sin Cargo. Existen varias maneras de acceder a su pago desde su Tarjeta sin incurrir en cargos, incluyendo retiros de fondos en ATM Dentro de la Red, Retiros de Efectivo con Personal de Ventanilla en bancos que sean miembros y compras de giros postales en el Servicio Postal de los Estados Unidos. Aunque su Tarjeta ofrece muchos servicios sin costo, algunas transacciones o servicios pueden tener cargos. El folleto que se incluye con su Tarjeta provee ejemplos de cómo aprovechar al máximo estas transacciones sin costo. Los límites de retiros de fondos existen para protegerlo de posibles fraudes. En caso de que sus retiros excedan los límites diarios de retiros de fondos y que desee retirar todos sus fondos, contacte a Servicios para Titulares de Tarjetas llamando al número que aparece en el dorso de su Tarjeta.

Cargos de la Tarjeta de Nómina. No existen cargos por inscribirse y participar en el programa o por recibir y activar su primera Tarjeta. Tampoco existen cargos por sobregiros asociados con su Tarjeta. Esta Tarjeta es una tarjeta prepagada y no dispone de funciones de protección contra sobregiros. El emisor de la Tarjeta o su empleador no pueden cobrarle ningún cargo que no aparezca en la Lista de Todos los Cargos.

La Lista de Todos los Cargos contiene la lista de los cargos en los que puede incurrir al acceder a efectivo o al usar su Tarjeta. Conserve la Lista de Todos los Cargos para que pueda consultarla en el futuro. Terceros, como operadores de ATM, redes de carga y proveedores de telefonía móvil, podrían cobrarle cargos adicionales cuando utilice sus servicios. Las transacciones en el extranjero pueden tener cargos y están sujetas a cambios. Ver la Lista de Todos los Cargos.

Cómo Acceder al Saldo de Su Cuenta. Puede obtener información del saldo y transacciones de su Tarjeta llamando a Servicios para Titulares de Tarjetas al número que aparece en el dorso de su Tarjeta o visitando el sitio web que aparece en el dorso de su Tarjeta. Puede utilizar estos servicios gratuitamente las 24 horas al día, los 7 días de la semana. Para recibir alertas por correo electrónico o por mensajes de texto con información acerca del saldo de su cuenta, también puede inscribirse en el sitio web que aparece en el dorso de su Tarjeta o a través de la Aplicación Móvil Prepaid CardConnect. Es posible que se apliquen Cargos por Datos y Mensajes de Texto.

Cómo Acceder a Historiales de Transacciones. Puede ver un historial de 12 meses de las transacciones de su Tarjeta electrónicamente o solicitar un historial escrito de 24 meses de las transacciones de su Tarjeta visitando el sitio web que aparece en el dorso de su Tarjeta o llamando a Servicios para Titulares de Tarjetas al número de teléfono que aparece en el dorso de su Tarjeta. También puede solicitar estados de cuenta mensuales sin costo.

Cierre de Su Cuenta de Tarjeta de Nómina. Usted puede cerrar la cuenta de su Tarjeta llamando a Servicios para Titulares de Tarjetas al número que aparece en el dorso de su Tarjeta. Al cerrar la cuenta de su Tarjeta, puede solicitar que se le pague el saldo restante a través de un cheque. No se le cobrará ningún cargo por cerrar la cuenta de su Tarjeta o por recibir su saldo a través de un cheque. Usted será responsable de todos los cargos correspondientes asociados con cualquier transacción que autorizó antes del cierre de la cuenta de su Tarjeta.

Tarjeta de Reemplazo. También se le enviará una tarjeta de reemplazo antes de la fecha de vencimiento que aparece en su Tarjeta. Los Reemplazos de Tarjeta con Envío Estándar se proveen sin ningún cargo. Consulte su Lista de Todos los Cargos para ver si se aplican otros cargos como envío expreso.

Divulgaciones Adicionales para Trabajadores de Minnesota: su empleador debe proporcionarle una copia del consentimiento escrito firmado y este debe incluir los términos y condiciones de la opción de cuenta de tarjeta de nómina. Si su empleador le ofrece una tarjeta de nómina utilizando materiales en otro idioma que no sea inglés, todas las divulgaciones, el consentimiento escrito y los contratos de la cuenta de la tarjeta de nómina deben ser en ese otro idioma. Usted puede solicitar que se le pague por otro método, utilizando un formulario que su empleador le debe proporcionar. Su empleador debe iniciar los pagos utilizando el nuevo método dentro de 14 días de recibida su petición. A menos que usted lo consienta por escrito, la información generada por su posesión o uso de la Tarjeta solo puede utilizarse para procesar transacciones y administrar la Tarjeta.

Divulgaciones Adicionales para Trabajadores de New Hampshire: el consentimiento escrito debe incluir los términos y condiciones de la opción de cuenta de tarjeta de nómina. Su empleador debe proporcionar una notificación por escrito de cualquier cambio a los términos y condiciones de la tarjeta de nómina, incluida una lista detallada de los cargos, y debe obtener su consentimiento para continuar pagando sus sueldos mediante la Tarjeta una vez efectuado el cambio. Su empleador es responsable de cualquier incremento en los cargos cobrados antes de que se le haya proporcionado una notificación por escrito acerca del cambio.

Esta tarjeta es emitida por The Bancorp Bank, Miembro FDIC, de conformidad con una licencia de Visa U.S.A. Inc. La tarjeta se puede utilizar en cualquier lugar donde se acepten tarjetas de débito Visa.

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