

# NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

HUMACH HOLDINGS, LLC

**COVERAGE:** [ ] has workers' compensation insurance coverage from [ THE TRAVELERS INSURANCE COMPANIES ] .

In the event of work-related injury or occupational disease. This coverage is effective from [ 03-29-26 ]

Any injuries or occupational diseases which occur on or after that will be handled by [ THE TRAVELERS INSURANCE COMPANIES ]

An employee or a person acting on the employee's behalf must notify the employer of an injury or occupational disease not later than the 30th day after the date on which the injury occurs or the date the employee knew or should have known of an occupational disease, unless the Texas Department of Insurance, Division of Workers' Compensation (Division) determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

**EMPLOYEE ASSISTANCE:** The Division provides free information about how to file a workers' compensation claim. Division staff will answer any questions you may have about workers' compensation and process any requests for dispute resolution of a claim. You can obtain this assistance by contacting your local Division field office or by calling 1-800-252-7031. The Office of Injured Employee Counsel (OIEC) also provides free assistance to injured employees and will explain your rights and responsibilities under the Workers' Compensation Act. You can obtain OIEC's assistance by contacting an OIEC customer service representative in your local Division field office or by calling 1-866-EZE-OIEC (1-866-393-6432).

**SAFETY VIOLATIONS HOTLINE:** The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division at 1-800-452-9595.

# AVISO A LOS EMPLEADOS SOBRE LA COMPENSACIÓN PARA TRABAJADORES EN TEXAS

HUMACH HOLDINGS, LLC

**COBERTURA:** [ ] tiene cobertura de seguros de  
compensación para trabajadores con [ THE TRAVELERS INSURANCE COMPANIES ]  
para protegerle en caso de una lesión o enfermedad ocupa-  
cional relacionada con el trabajo. Esta cobertura está vigente desde [ 03-29-26 ]  
Cualquier lesión o enfermedad ocupacional que ocurra en o después de  
esta fecha será manejada por [ THE TRAVELERS INSURANCE COMPANIES ].

Un empleado o una persona que actúe en nombre del empleado, debe notificar al empleador sobre una lesión o una enfermedad ocupacional a no más tardar de treinta (30) días, a partir de la fecha en que ocurrió la lesión o en la fecha en la que el empleado se enteró o debería de haberse enterado de la enfermedad ocupacional, al menos que el Departamento de Seguros de Texas, División de Compensación para Trabajadores (Texas Department of Insurance, Division of Workers' Compensation – TDI-DWC, por su nombre y siglas en inglés) (División) determine que existió una buena causa para que no se haya notificado al empleador dentro del tiempo señalado. Su empleador tiene la obligación de proporcionarle a usted información por escrito sobre la cobertura cuando usted es contratado o cuando su empleador adquiere o deja de tener una cobertura de seguro de compensación para trabajadores.

**ASISTENCIA AL EMPLEADO:** La División proporciona información gratuita sobre cómo presentar una reclamación de compensación para trabajadores. El personal de la División contestará cualquier pregunta que usted pueda tener sobre la compensación para trabajadores y procesará cualquier solicitud de resolución de disputas relacionada con una reclamación. Usted puede obtener este tipo de asistencia comunicándose con su oficina local de la División o llamando al teléfono 1-800-252-7031. La Oficina de Asesoría Pública para el Empleado Lesionado (Office of Injured Employee Counsel – OIEC, por su nombre y siglas en inglés) también ofrece asistencia gratuita a los empleados lesionados y ellos le explicarán cuáles son sus derechos y responsabilidades bajo la Ley de Compensación para Trabajadores. Usted puede obtener la asistencia de OIEC comunicándose con un representante de servicio al cliente de OIEC en su oficina local de la División o llamando al 1-866-EZE-OIEC (1-866-393-6432).

## **Reporting Workplace Violence**

Employees can report instances of workplace violence or suspicious activity by contacting the Department of Public Safety (DPS) through the iWatchTexas Community Reporting System at [www.iwatchtx.org](http://www.iwatchtx.org), or by calling 844-643-2251. Employees have the right to make a report to DPS anonymously.

## **Reportando La Violencia en el Trabajo**

Los empleados pueden denunciar casos de violencia en el trabajo o actividades sospechosas comunicándose con el Departamento de Seguridad Pública (DPS) a través del Sistema de Informes Comunitarios iWatchTexas en [www.iwatchtx.org](http://www.iwatchtx.org), o llamando al 844-643-2251. Los empleados tienen derecho a presentarle una queja al DPS de forma anónima.

# NOTICE TO EMPLOYEES CONCERNING ASSISTANCE AVAILABLE IN THE WORKERS' COMPENSATION SYSTEM FROM THE OFFICE OF INJURED EMPLOYEE COUNSEL

**Have you been injured on the job?** As an injured employee in Texas, you have the right to free assistance from the **Office of Injured Employee Counsel (OIEC)**. OIEC is the state agency that assists unrepresented injured employees with their claim in the workers' compensation system.

You can contact OIEC by calling its toll-free telephone number: **1-866-393-6432**.

More information about OIEC and its Ombudsman Program is available at the agency's website ([www.oiec.texas.gov](http://www.oiec.texas.gov)).

## OMBUDSMAN PROGRAM

**What Is An Ombudsman?** An Ombudsman is an employee of OIEC who can assist you if you have a dispute with your employer's insurance carrier. An Ombudsman's assistance is free of charge. Each Ombudsman has completed a comprehensive training program designed specifically to assist you with your dispute.

An Ombudsman can help you identify and develop the disputed issues in your case and attempt to resolve them. If the issues cannot be resolved, the Ombudsman can help you request a dispute resolution proceeding at the Texas Department of Insurance, Division of Workers' Compensation.

### **Once a proceeding is scheduled an Ombudsman can:**

- Help you prepare for the proceeding (Benefit Review Conference and/or Contested Case Hearing);
  - Attend the proceeding with you and communicate on your behalf; and
- Assist you with an appeal or a response to an insurance carrier's appeal, if necessary.





# Texas Workforce Commission

## ATTENTION EMPLOYEES

Your employer reports your wages to the Texas Workforce Commission. If you become unemployed or your work hours are reduced, you may be eligible for unemployment benefit payments. File online at [www.twc.texas.gov](http://www.twc.texas.gov) or call 1-800-939-6631. Additional assistance may be available at your local Workforce Solutions Office; please visit the directory at: [www.twc.texas.gov/directory-workforce-solutions-offices-services](http://www.twc.texas.gov/directory-workforce-solutions-offices-services).

Unemployment Insurance (UI) benefits are available to workers who are unemployed and who meet the requirements of state UI eligibility laws.

To file, you will need to provide your full legal name and your social security number or your authorization to work.

The Texas Payday Law, Title II, Chapter 61, Texas Labor Code, requires Texas employers to pay their employees who are exempt from the overtime pay provisions of the Fair Labor Standards Act of 1938 at least once per month. All other employees must be paid at least twice a month and each pay period must consist as nearly as possible of an equal number of days.

Scheduled paydays: (You must indicate date or dates of the month for employees paid monthly or semi-monthly, and day of the week for employees paid weekly or at other times.)

MONTHLY: \_\_\_\_\_ SEMI-MONTHLY: \_\_\_\_\_ WEEKLY: \_\_\_\_\_ OTHER: bi-weekly on Wednesdays

TO EMPLOYERS: Texas Labor Code section 208.001(b) and 40 T.A.C. 815.1(14)(A) & (B) require that this notice, or its equivalent, be displayed in a location reasonably calculated to be encountered by all employees, and that an employer provide such information, individually, to an employee upon separation from employment.

To report suspected fraud, waste or abuse of the program call 800-252-3642.