

ADVISORY NO. 139

TOPIC: REVISED EMPLOYERS NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION

Attached are three newly adopted notices to be used by employers as provided by Rule 110.101. All notices are supplied in english and spanish. Notice 5 (7/94) is for employers who **do not** have coverage.

Notice 6 (7/94), is for employers who **have** coverage.

Notice 7 (7/94) is for employers who are certified Self-Insured.

Please note the TWCC Forms Information Release 94-4 for a list of TWCC forms currently in review.

To obtain copies of Notice 5 and/or Notice 6 send a written request to TWCC, Forms Management MS-95, 4000 S. IH-35, Austin, Texas 78704 or call (512) 440-3893 or (512) 440-3899 and ask for Robbin Stull.

To obtain Notice 7 call Division of Self-Insurance Regulation at (512) 440-3954.