NOTICE TO EMPLOYEES

Longshore and Harbor Workers' Compensation Act

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

GCT New York, LP

In accordance with the provisions of the Longshore and Harbor Workers' Compensation Act and the Regulations of the U.S. Department of Labor, Employment Standards Administration, Office of Workers' Compensation Programs, this employer has become a self-insurer under the Act and has made appropriate deposit of securities for the payment of workers' compensation benefits to employees and their dependents with respect to injuries and deaths that arise out of and in the course of employment.

WHAT TO DO WHEN INJURED AT WORK

- NOTIFY YOUR EMPLOYER IMMEDIATELY. If possible, complete Form LS-201, Notice of Injury, available from your employer. You should give notice of injury to the following person(s): _____
- MEDICAL TREATMENT. Request authority (*Form LS-1)* from your employer for treatment by the physician you choose. You may not select a physician that is not authorized by the Office of Workers' Compensation Programs to provide medical care under the Act. Your employer has a list of physicians who are not authorized. In an emergency or if unable to contact your employer, go to the nearest hospital or physician, but be sure to let your employer know as soon as possible.
- DISABILITY. If you are disabled more than 3 days, contact your employer indicated on this notice for payment of compensation, payable 14 days after your employer has knowledge of injury.
- IMPORTANT! The law requires you to give written notice of injury *(Form LS-201)* to your employer and to the Office of Workers' Compensation Programs within 30 days. Additional time may be allowed for certain hearing loss and occupational disease claims. The address of the office of Workers' Compensation Programs District Office for this area is:
  U.S. Department of Labor, OWCP/DLHW, Charles E. Bennett Federal Building
  400 West Bay Street, Room 63A, Box 28, Jacksonville FL 32202

THE ADDRESS OF THIS SELF-INSURED EMPLOYER IS:	**For Further Assistance and Information**
300 Western Ave.. Staten Island, NY 10303 Telephone 718-568-1842	On request, the Office of Workers' Compensation Programs will explain benefits and proceedings under the Longshore Act. In addition, the Office of Workers' Compensation Programs will inform employees receiving compensation about medical and vocational rehabilitation services, and will assist in obtaining such services.

Authorized Signature for the Employer

Date Signed

THIS NOTICE MUST BE POSTED AND MAINTAINED IN A CONSPICUOUS PLACE IN AND ABOUT THE PLACE OF BUSINESS. (33 U.S.C. 934)

IMPORTANT NOTICE

Section 31(a) (1) of the Longshore Act, 33 U.S.C. 931 (a) (1), provides as follows: Any claimant or representative of a claimant who knowingly and willfully makes a false statement or representation for the purposes of obtaining a benefit or payment under this Act shall be guilty of a felony, and on conviction thereof shall be punished by a fine not to exceed $10,000, by imprisonment not to exceed five years, or by both.