

SAM—WORKERS' COMPENSATION

NOTICES TO INJURED EMPLOYEES REGARDING THEIR CHOICE OF BENEFITS
(Revised 12/99)

2581.9

In order to assist employees in selecting the proper disability benefit, state departmental personnel offices shall provide the employees with the Industrial Disability Benefits Information form, STD. 619, and the Benefits Option Selection Sheet form, STD. 618. Departments must complete the reverse of STD. 618, and send both forms to the employee within 15 days of the date SCIF accepts the claim.