MISSISSIPPI WORKERS' COMPENSATION

NOTICE OF COVERAGE

I. Please take notice that your Employer is in compliance with the requirements of the Mississippi Workers' Compensation Law, and maintains workers' compensation insurance coverage with the following:

Eastern Alliance Insurance Group
(Name of insurance carrier or self-insurance group)
P.O. Box 83777

Lancaster, PA 17608-3777; (800) 336-2658
(address & telephone number)

II. Individual workers' compensation claims will be submitted to and processed by:

Eastern Alliance Insurance Group
(Name of third party claims administrator or claims office)
P.O. Box 83777

Lancaster, PA 17608-3777; (800) 336-2658
(address & phone number)

III. This workers' compensation coverage is effective for the following period: 10/01/2017 to 09/30/2018.

IV. All job related injuries or illnesses should be reported as soon as possible to your immediate supervisor, or to the person listed below:

Sarah Liles
(Name of employer contact person)

Human Resource Specialist
(Title & Department/Division)

V. Please be advised that any person who willfully makes any false or misleading statement or representation for the purpose of obtaining or wrongfully withholding any benefit or payment under the Mississippi Workers' Compensation Law may be charged with violation of Miss. Code Ann. §71-3-69 (Rev. 2000) and upon conviction be subjected to the penalties therein provided.