

NOTICE TO EMPLOYEES



NOTICE TO EMPLOYEES

The Commonwealth of Massachusetts DEPARTMENT OF INDUSTRIAL ACCIDENTS

1 Congress Street, Suite 100 Boston, MA 02114-2017
617-727-4900 - <http://www.mass.gov/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

FEDERAL INSURANCE COMPANY
NAME OF INSURANCE COMPANY

701 FIFTH AVENUE
SUITE 3700
SEATTLE, WA 98104-7011

ADDRESS OF INSURANCE COMPANY

(11)7174-32-60
POLICY NUMBER

11/16/10

TO 07/01/11

EFFECTIVE DATES

ARTHUR J GALLAGHER RISK MANAGEMENT SERV

P.O. BOX 2925
TACOMA
WA

98401-2925 (253) 627-7183

NAME OF INSURANCE AGENT

ADDRESS PHONE #

UNIVERSITY OF ALASKA

910 YUKON DRIVE, 106 BUTROVIC
FAIRBANKS
AK
99775

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER

TO THE EMPLOYER: THIS NOTICE MUST BE POSTED IN A CONSPICUOUS PLACE UPON YOUR PREMISES.

NOTICE

REGARDING WORKERS' COMPENSATION INSURANCE

ALL WORKERS EMPLOYED BY THE UNDERSIGNED ARE HEREBY NOTIFIED THAT THE EMPLOYER HAS COMPLIED WITH THE LAW AS TO SECURING THE PAYMENT OF COMPENSATION TO EMPLOYEES AND THEIR DEPENDENTS, IN ACCORDANCE WITH THE PROVISIONS OF THE WORKERS' COMPENSATION LAW.

UNIVERSITY OF ALASKA

Employer

Date 11/16/10 TO 07/01/11

By

Employer's Authorized Agent

An employee receiving an injury by accident must immediately notify his/her supervisor, superintendent, or the undersigned, who will provide medical attendance.

Claim for compensation must be made in writing and given to the employer. Forms for giving notice of injury and making claim for compensation will be furnished by the employer; by the surety,

or upon application, by the Industrial Commission in Boise, Idaho.

DISTRICT OF COLUMBIA GOVERNMENT
DEPARTMENT OF EMPLOYMENT SERVICES
OFFICE OF WORKERS' COMPENSATION

P.O. BOX 56098 • WASHINGTON, DC 20011 • (202) 671-1000 • (202) 671-1929 (fax)

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE OF COMPLIANCE

TO EMPLOYEES

1. You are required by law to report promptly to your employer and the Office of Workers' Compensation an occupational injury or disease, even if you deem it to be minor. Form No. 7 DCWC, Notice of Accidental Injury or Occupational Disease, to be obtained from the employer or the Office of Workers' Compensation, must be used for that purpose. After you have completed and signed it, you should mail it to the Office of Workers' Compensation at the above address, and to your employer.
2. You are entitled, if required, to the services of a physician or hospital of your choice and lost wages. Call (202) 671-1000 for information.
3. You may not sue your employer as a result of a work-connected injury or disease by reason of your exclusive remedy under the Workers' Compensation Law.
4. In order to preserve your right to benefits under the DC Workers' Compensation Law, you must file a written claim on Form No. 7A DCWC, Employee's Claim Application, within one (1) year after your injury, or within (1) year after the last payment of benefits.
5. If you desire information regarding your rights and obligations prescribed by law, you may call your employer first. If you need further information you may call the Office of Workers' Compensation at (202) 671-1000.
6. The law gives you the right to be represented if you so desire.

TO EMPLOYERS

1. You are required to have Workers' Compensation insurance coverage if you have 1 or more employees.
2. You are required to display this poster at each worksite so that it will be of the greatest possible benefit to your employees.
3. You must file an Employer's First Report of Injury or Occupational Disease, Form No. 8 DCWC, with the Office of Workers' Compensation, copy to the nearest claim office of your insurer, on all occupational injuries or disease, as soon as possible, but no later than 10 days after the date of knowledge thereof.
4. Your employee must file Form No. 7 DCWC, Employee's Notice of Accidental Injury or Occupational Disease. Please provide your employee with form No. 7 DCWC and direct them to complete it and return it to you and the Office of Workers' Compensation. Once you have received notice from the employee, you are required to send the employee a notice of his/her rights and obligations by certified mail, return receipt requested.
5. You are required to report to the Office of Workers' Compensation, and your insurer, and disability of more than 3 days which was not previously reported, as soon as possible, but no later than 10 days after the date of knowledge thereof.
6. You are required to furnish, or cause to be furnished, reasonable medical and hospital services, other remedial care or vocational rehabilitation, and various types of disability compensation, to an injured or disabled employee.
7. You are required to obtain from the insurer identified below a supply of all required Workers' Compensation Forms, or you may download the forms and notice mentioned above at our website <http://does.dc.gov>

NOTICE: Violation of the various provisions of the Workers' Compensation law provides for civil penalties.

The undersigned employer hereby gives notice of compliance with all provisions of the Workers' Compensation Law and Administrative Regulations.

NAME OF INSURANCE COMPANY:

FEDERAL INSURANCE COMPANY
701 FIFTH AVENUE
SUITE 3700
SEATTLE, WA 98104-7011

NAME OF EMPLOYER:

UNIVERSITY OF ALASKA

By _____

926000147

EMPLOYER I.D. NUMBER

(If number unknown, employer to request from IRS)

THIS NOTICE IS TO BE POSTED CONSPICUOUSLY IN AND ABOUT EMPLOYER'S PLACE(S) OF BUSINESS



POLICYHOLDER INFORMATION NOTICE

To Our Missouri Policyholders:

If you have a question about your insurance policy, you may contact your agent or broker, or call us directly by using our toll-free number. We are required by Missouri state law to advise you of this with the following announcement:

This notice is being provided to you pursuant to requirements of Section 23 House Bill number 1574(1992) 375-924 of the revised statutes of Missouri, relating to our toll-free information and complaint number. Please keep this notice with your other important insurance documents.

**FOR INFORMATION, OR
TO MAKE A COMPLAINT, CALL:
1-800-36 CHUBB**

Our Missouri location addresses are:

Kansas City Branch

1100 WALNUT
SUITE 1800
KANSAS CITY, MO 64106
(816)292-4500

St. Louis Branch

8000 MARYLAND AVENUE
SUITE 1500
ST. LOUIS, MO 63105-3913
(314)889-4400

Very truly yours,
Chubb Group of Insurance Companies
SEATTLE
701 FIFTH AVENUE
SUITE 3700
SEATTLE, WA 98104-7011
(206)624-2100



NOTIFICATION OF AVAILABLE LOSS CONTROL SERVICES

MISSOURI WORKERS' COMPENSATION POLICYHOLDERS

CHUBB GROUP OF INSURANCE COMPANIES

You are hereby notified that loss control services are available, upon request, to workers' compensation policyholders with employees working in Missouri. The services are intended to provide employers with appropriate resources to address workplace safety and health issues and reduce insured losses through a safety engineering and management program. This notice is provided pursuant to the requirements of Missouri Law. If you would like more information, call 1-877-248-2202 or email loss_control_service@chubb.com. If you leave a message or send an email inquiry, please include your name, phone number, company name, email address, workers compensation policy number and a brief description of the loss control services being requested.

The Missouri Division of Workers' Compensation offers free safety services to Missouri employers through its Missouri Workers' Safety Program (MWSP). MWSP's main goal is to help employers control workers' compensation costs. The Division also certifies Missouri insurance carriers' safety engineering and management programs that are available to insured's upon request. Employers may contact MWSP at 1(800)775-COMP or 573-526-3504, email mowsp@dolir.mo.gov for more information about workplace safety or for a registry of safety consultants and safety engineers who are certified by the Division.



PRIVACY POLICY AND PRACTICES

THIS NOTICE IS BEING SENT TO THE WORKERS COMPENSATION PLAN PARTICIPANT (EMPLOYER). IT DESCRIBES CHUBB'S POLICY FOR HANDLING CERTAIN PERSONAL INFORMATION OF ITS INDIVIDUAL CUSTOMERS. THIS NOTICE IS PROVIDED TO THE EMPLOYER TO SATISFY CHUBB'S NOTICE OBLIGATIONS UNDER STATE LAW.

Chubb has been serving the insurance needs of our customers for more than a century. To continue to provide innovative products and services that respond to your insurance needs, Chubb collects certain personal information about you, which is described below in **The Personal Information We Collect**. At Chubb, we respect the privacy of our customers. Chubb's personal information handling practices are regulated by law, and this Privacy Policy describes those practices.

Chubb's Privacy Policy

The Personal Information We Collect. Chubb collects personal information about you and the members of your household to conduct business operations, provide customer service, offer new products, and satisfy legal and regulatory requirements.

We may collect the following categories of information about you from these sources:

- Information from you directly or through an agent, broker, or your employer, including information from applications, worksheets, questionnaires, claim forms or other documents (such as name, address and social security number);
- Information from a consumer reporting agency (such as motor vehicle reports);
- Information from other non-Chubb sources (such as prior loss information);
- Information from visitors to our web sites (such as that provided through online forms and online information-collecting devices known as "cookies"). Chubb does not use "cookies" to retrieve information from a visitor's computer that was not originally sent in a "cookie";
- Information from an employer, benefit plan sponsor, benefit plan administrator or master policyholder for any Chubb individual or group insurance product that you may have (such as name, address and social security number).

The Personal Information We Share. Chubb may disclose the personal information we collect to service, process, or administer business operations such as underwriting and claims, and for other purposes such as the marketing of products or services, regulatory compliance, the detection or prevention of fraud, or as otherwise required or allowed by law. These disclosures may be made without prior authorization from you, as permitted by law.

Sharing Personal Information With Others. Chubb may disclose the personal information we collect to affiliated and non-affiliated parties for processing and servicing transactions, such as reinsurers, insurance agents or brokers, auditors, claim adjusters, third party administrators and, in the case of workers compensation insurance, employers, benefit plan sponsors, benefit plan administrators or master policyholders. For example, Chubb may disclose personal information to our affiliates and other parties that perform services for us such as customer service or account maintenance. Specific examples include mailing information to you and maintaining or developing software for us. Chubb may also disclose personal information to nonaffiliated parties as permitted by law. For example, we may disclose information in response to a subpoena, to detect or prevent fraud or to comply with an inquiry or requirement of a government agency or regulator.

Sharing Personal Information With Service Providers or for Joint Marketing. Chubb may disclose the personal information we collect to agents and brokers so that they can market financial products and services, and to service providers who perform functions for us. Any such disclosure is required to be subject to an agreement with us that includes a confidentiality provision. We do not disclose personal information to other financial institutions with which we may have joint marketing arrangements; however, we reserve the right to do so in the future, subject to the other financial institution entering into an agreement with us that includes a confidentiality provision.