

EMPLOYERS' CERTIFICATE OF SELF INSURANCE

THE ALASKA WORKERS' COMPENSATION BOARD

Has issued this certificate of self-insurance to

UNIVERSITY OF ALASKA

Its departments, divisions,

Subsidiaries and agencies

Attn: Vanessa Saephan

1815 Bragaw Street, Ste. 209

Anchorage, AK 99508



Certificate effective from **February 1, 2026** through **February 1, 2027**.

ALASKA WORKERS' COMPENSATION BOARD

Designated Chairman
Charles Collins, Jr.

Handwritten signature of Charles Collins, Jr.

Member
Bradley S. Austin

Handwritten signature of Bradley S. Austin.

Member
Debbie White

Handwritten signature of Debbie White.

TO THE EMPLOYEES OF THE ABOVE:

Your employer is authorized to directly pay benefits for job-connected injuries, illnesses, or death as provided by the Alaska Workers' Compensation Act.

Immediately (not later than 30 days from injury or fatality) give your employer and the Alaska Workers' Compensation Board written notice of a job-related injury, illness or death. Get the "Report of Occupational Injury or Illness" form from your employer for this purpose.

If you have questions about an injury or claim, contact the employer's claims adjuster:

University of Alaska, System Office of Risk Services, 1815 Bragaw Street, Ste. 209, Anchorage, AK 99508
or call **(907) 786-1140**.

If you have questions about your rights or benefits under the Alaska Workers' Compensation Act, contact the Alaska Workers' Compensation Board at the nearest office listed below:

ANCHORAGE

3301 Eagle Street, Suite 304
Anchorage, Alaska 99503
(907) 269-4980

FAIRBANKS

675 Seventh Ave., Sta. K
Fairbanks, Alaska 99701-4531
(907) 451-2889

JUNEAU

1111 W. 8th St., Rm. 305
Juneau, Alaska 99801
(907) 465-2790

NOTICE TO EMPLOYER: AS 23.30.060 REQUIRES THAT YOU POST THIS NOTICE IN THREE PLACES ON THE EMPLOYER'S PREMISES.