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.

Member
Bradley S. Austin

Member
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 15 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	FAIRBANKS	JUNEAU
3301 Eagle Street, Suite 304	675 Seventh Ave., Sta. K	1111 W. 8th St., Rm. 305
Anchorage, Alaska 99503	Fairbanks, Alaska 99701-4531	Juneau, Alaska 99801
(907) 269-4980	(907) 451-2889	(907) 465-2790

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

Form 07-6123 (Rev 10/94) Formerly ADL 213