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MISSISSIPPI WORKERS' COMPENSATION

NOTICE OF COVERAGE

I.	Please	take	notice	that you	ır E	mploy	er is	in	compli	ance	with	the	require	emer	its of	the
Mississ	sippi W	Vorke	rs' Cor	npensati	on]	Law,	and	mai	ntains	work	ers'	com	pensati	ion	insura	ance
coverag	ge with	the fo	llowing	g:												

(Nam	of insurance carrier	or self-insurance group
	1299 ZUR	ICH WAY
	SCHAUMBURG,	IL 60196-5870
	800-987	7-3373
	(address & telep	hone number)

ZURICH CLAIMS SERVICES

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

		(Name of third party claims administrator or claims office)		
		PO BOX 49547 COLORADO SPRINGS, CO 80949-9537		
		800-987-3373		
		(address & phone number)		
III.	This workers' 7/1/2025	compensation coverage is effective for the following to	g period:	
IV. super	•	injuries or illnesses should be reported as soon as possible to your i erson listed below:	mmediate	
		(Name of employer contact person)		
		(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.

2001 M.W.C.C. Notice of Coverage Form

To Report A Claim Contact: ZURICH CLAIMS SERVICES Telephone: 800-987-3373





Job Safety and Health IT'S THE LAW!

All workers have the right to:

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a workrelated injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request a confidential OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

This poster is available free from OSHA.

Contact OSHA. We can help.

Employers must:

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Notify OSHA within 8 hours of a workplace fatality or within 24 hours of any work-related inpatient hospitalization, amputation, or loss of an eye.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

On-Site Consultation services are available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.

