

NOTICE OF COVERAGE

Department of Employment Security
Unemployment Insurance for Employees

IMPORTANT

This employer is registered with the Mississippi Department of Employment Security, and the employees are covered by Unemployment Insurance. This insurance is carried to protect you in case you become unemployed through no fault of your own.

**Nothing is
deducted from
your pay to cover
its cost.**

If you become unemployed, report to the nearest
Mississippi Department of Employment Security WIN Job Center
for work search assistance.

You may file a claim for Unemployment Insurance benefits
online at mdes.ms.gov
or by phone at 888-844-3577.

MDES **MISSISSIPPI DEPARTMENT of** **EMPLOYMENT SECURITY**

An equal opportunity employer and program, MDES has auxiliary aids
and services available upon request to those with disabilities.

Those needing TTY assistance may call 800-582-2233.

Funded by the U.S. Department of Labor through the Mississippi
Department of Employment Security.

**Employer: Please Post in a
Conspicuous Place**

Extra Copies on Request

MDES Communications

REV. 10/2013

I. Please take notice that your Employer is in compliance with the requirements of the Mississippi Workers' Compensation Law, and [select one] [has been approved by the Mississippi Workers' Compensation Commission to act as a self-insurer], or [maintains workers' compensation insurance coverage with the following:]

(Name of insurance carrier or self-insurance group) _____

(address & telephone number) _____

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

(Name of third party claims administrator or claims office) _____

(address & phone number) _____

III. This workers' compensation coverage is effective for the following period:

_____ to

_____.

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

(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.

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

REV. 2001

