

TO THE EMPLOYER: THIS NOTICE MUST BE POSITIONED 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.

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

Moscow, ID – Gritman Medical Center
Moscow, ID – Moscow Family Medicine, including Main Street, Quick Care, Student Health, and Westside Clinic
Outside Moscow – Local Medical Facilities

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 Idaho Industrial Commission in Boise, ID.

July 1, 2014
Date

University of Idaho – Self-Insured
Employer/Surety

By: Tristar Risk Management – Claims Administrator
Employer's Authorized Agent

TRM Contact – 208-388-8768, Ext. 3701