

WORKERS' COMPENSATION

INSURANCE COVERAGE

EMPLOYEE NOTICE

Date: 4/28/2015

WMBE PAYROLLING, INC.
9475 CHESAPEAKE DRIVE, SUITE A
SAN DIEGO, CA 92123

Policy Number:
WC 5714187

The above-named employer's workers' compensation insurance coverage is active and in good standing for the period of **3/31/2015 to 3/31/2016**, provided the employer meets all premium and reporting requirements.

IF YOU ARE INJURED

You should report any on-the-job injury to your supervisor, employer, or insurer as soon as possible. You must report the accident within 30 days. A sole proprietor, partner, manager of a manager-managed limited liability company, member of a member-managed limited liability company, or corporate officer covered under the Montana Workers' Compensation Act must report an accident to the insurer within 30 days.

Report minor injuries to your employer whether or not you receive medical treatment. After you report the injury, your employer has 6 days to notify their insurer. You must submit a written First Report of Injury within 12 months from the date of the accident. You can submit this form to your employer, insurer, or the Department of Labor and Industry.

All employees sustaining a compensable work related injury or occupational disease, other than those who are exempted by statute (Section 39-71-401, MCA), are covered for medical and wage-loss benefits.

You have the right to choose your initial treating physician.

You may continue to receive treatment from your physician unless you receive written notice of referral to a preferred provider or a managed care organization. After providing you with a referral notice, the insurance carrier is no longer liable for treatment provided by your physician unless authorization is obtained to continue treatment.

For specific information about this policy, call or write your employer's insurance carrier:

ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
P.O. Box 981030
West Sacramento, CA 95798
800-987-3373

**For general information about workers' compensation, call or write:
Montana Department of Labor and Industry, Employment Relations
Division, P.O. Box 8011, Helena, MT 59604-8011, Phone (406) 444-6543.**

FAILURE TO POST THIS SIGN OR POSTING AN ALTERED SIGN IN THE
WORKPLACE WILL RESULT IN A \$50 FINE AGAINST THE EMPLOYER!