

MISSISSIPPI WORKERS' COMPENSATION

NOTICE OF COVERAGE

Wogan Group

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

Wogan Group - 100007784

(Name of insurance carrier or self-insurance group)

Accident Fund

(866) 206-5851

(address & telephone number)

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

Accident Fund

(Name of third party claims administrator or claims office)

(866) 206-5851

(address & phone number)

III. This workers' compensation coverage is effective for the following period:
2022 _____ to 2024 _____.

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

Brittanee Bachelor

(Name of employer contact person)

Vice President of Human Resources

(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.