MISSISSIPPI WORKERS' COMPENSATION

NOTICE OF COVERAGE

I. Please take notice that your Employer is in compliance with the requirements of the Mississippi Workers' Compensation Law and workers' compensation insurance coverage with the following:

Worker's Compensation Fund
100 W. Towneridge Parkway, Sandy UT 84091
(385) 351-8000

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

Your Employment Solutions – Corporate HR
880 W. Center Street, North Salt Lake, UT 84054
safety@youremploymentsolutions.com

III. This workers' compensation coverage is effective for the following period: 10/01/2025 to 09/30/2027.

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

Connie Spencer
Branch Manager, Olive Branch

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.