

NOTICE TO EMPLOYEES

WORKERS' COMPENSATION

Employer Name: Grand Valley State University

The above named employer, an employer within the meaning of the Workers' Compensation Law of the State of West Virginia, hereby gives notice to employees that the employer has secured the payment of Compensation to its employees and their dependents in accordance with the provision of said law, by insuring with:

Insurance Company: **Midwest Employers Casualty Company (GC)**
14755 North Outer Forty Drive, Suite 300
Chesterfield, MO 63017
877-975-2667

Policy Effective Dates: 7/1/2022 to 7/1/2023

Policy Number: PFFL750009

If you are injured on the job, or contract an occupational disease, notify your employer immediately.

Claims Administered By: **York Risk Services Group**
P.O. Box 2408
Birmingham, AL 35201

Claims Representative: Claims Service Center

Claims Telephone: 800-277-7500

Collecting Workers' Compensation benefits by intentionally misrepresenting, misstating, or failing to disclose any material fact is **fraud**. Fraudulent claims are subject to prosecution. All suspected violations will be investigated. Anyone may report a potentially fraudulent claim by contacting the Workers' Compensation Division or Attorney General's office.