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:

North of Latah County: Kootenai Medical Clinics, Boundary Community Clinics
Moscow (and Latah County), Gritman Medical Center
Lewiston area, Valley Medical Center
Central, Southwest, Southcentral: St. Luke's Occupational Health
Southeast: Steele Memorial, Sterling Urgent Care

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.

January 1, 2024 — ***Date***

University of Idaho – Self-Insured — ***Employer/Surety***

By: CorVel – Claims Administrator
Employer's Authorized Agent

CorVel Contact – 844-213-2099