WORKERS’ COMPENSATION
INSURANCE COVERAGE

EMPLOYEE NOTICE

WALLA WALLA UNIVERSITY
735 MICHIGAN AVE
MISSOULA MT 59802-5585

Date: _______________________________

Policy Number: WCI-291-528482-010

The above-named employer’s workers’ compensation insurance coverage is active and in good standing for the period of 07/31/2010 to 07/31/2011, 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:
Wausau Underwriters Insurance Company
13830 Ballantyne Corporate Place Suite 150
Charlotte, NC 28277
704-759-2561

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) 444-6532.

FAILURE TO POST THIS SIGN OR POSTING AN ALTERED SIGN IN THE WORKPLACE WILL RESULT IN A $50 FINE AGAINST THE EMPLOYER!
IF YOU ARE INJURED AT WORK

FOR EMERGENCIES CALL 911
or go to the nearest hospital
Otherwise:
REPORT THE INJURY
To your supervisor
YOU MAY SEEK TREATMENT
From one of the doctors or clinics listed below.

MEDICAL PROVIDERS

Auto, Lar K., MD
Tamarack Physicians Group
500 W Broadway St
Missoula, MT 59802
406-721-5600
Approximate Dist: 2.9 Mi

Vasquez, Ned F., MD
Lolo Family Practice
500 W Broadway St
Missoula, MT 59802
406-721-5600
Approximate Dist: 2.9 Mi

Now Care Downtown
500 W Broadway St Fl 6
Missoula, MT 59802
406-329-7500
Approximate Dist: 2.9 Mi

Now Care Southgate Mall
2901 Brooks St
Missoula, MT 59801
406-721-0918
Approximate Dist: 4.6 Mi

HOSPITALS

Marcus Daly Memorial Hospital
1200 Westwood Dr
Hamilton, MT 59840
406-363-2211
Approximate Dist: 4.4 Mi

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735 MICHIGAN AVE
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