



1961 Diamond Springs Road
Virginia Beach, VA 23455
Phone (757) 460-6308
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MISSISSIPPI EMPLOYEES

MANCON Employees,

Included in this packet is the following information:

1. Job Insurance for Employees
2. Mississippi Workers' Compensation Notice of Coverage

If you have any questions, please contact your supervisor.

Thanks,
Human Resources

Unemployment Insurance For Employees

I M P O R T A N T

This employer is registered with the Mississippi Department of Employment Security, and the employees are covered by unemployment insurance. This insurance is carried to protect you in case of unemployment through no fault of your own.

Nothing is deducted from your pay to cover its cost.

If you become unemployed, report to the nearest Mississippi Department of Employment Security WIN Job Center for work search assistance.

You may file a claim for Unemployment Insurance Benefits online at www.mdes.ms.gov or by phone at 1-888-844-3577.



MISSISSIPPI DEPARTMENT of EMPLOYMENT SECURITY

MDES is an equal opportunity employer/ Program that has auxiliary aids and services available upon request to individuals with disabilities, TTY 1-800-582-2233.

Funded by: U.S. Department of Labor/Mississippi Department of Employment Security. Mississippi is a proud member of America's Workforce Network.

*Employer: Please Post in a Conspicuous Place
Extra Copies on Request*

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 maintains workers' compensation insurance coverage with the following:

WAUSAU BUSINESS INSURANCE COMPANY
(Name of insurance carrier or self-insurance group)
13830 Ballantyne Corporate Place Suite 150
Charlotte, NC 28277
(704) 759-2561

(address & telephone number)

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

WAUSAU BUSINESS INSURANCE COMPANY
(Name of third party claims administrator or claims office)
2100 Walnut Hill Lane Suite 100
Irving, TX 75038
(800) 634-1955

(address & phone number)

III. This workers' compensation coverage is effective for the following period:
10-01-2010 to 10-01-2011.

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

(Name of employer contact person)

(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.