

NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

COVERAGE: [Name of employer] Semper Valens Solutions, Inc.
has workers' compensation insurance coverage from [name of commercial insurance company] Employer's Compensation Insurance Company in the event of work-related injury or occupational disease. This coverage is effective from [effective date of workers' compensation insurance policy] 05/15/2021. Any injuries or occupational diseases which occur on or after that date will be handled by [name of commercial insurance company] Employer's Compensation Insurance Company. An employee or a person acting on the employee's behalf, must notify the employer of an injury or occupational disease not later than the 30th day after the date on which the injury occurs or the date the employee knew or should have known of an occupational disease, unless the Texas Department of Insurance, Division of Workers' Compensation (Division) determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

EMPLOYEE ASSISTANCE: The Division provides free information about how to file a workers' compensation claim. Division staff will answer any questions you may have about workers' compensation and process any requests for dispute resolution of a claim. You can obtain this assistance by contacting your local Division field office or by calling 1-800-252-7031. The Office of Injured Employee Counsel (OIEC) also provides free assistance to injured employees and will explain your rights and responsibilities under the Workers' Compensation Act. You can obtain OIEC's assistance by contacting an OIEC customer service representative in your local Division field office or by calling 1-866-EZE-OIEC (1-866-393-6432).

SAFETY VIOLATIONS HOTLINE: The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division at 1-800-452-9595.



NOTICE TO EMPLOYEES CONCERNING ASSISTANCE AVAILABLE IN THE WORKERS' COMPENSATION SYSTEM FROM THE OFFICE OF INJURED EMPLOYEE COUNSEL

Have you been injured on the job? As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel (OIEC). OIEC is the state agency that assists unrepresented injured employees with their claim in the workers' compensation system.

You can contact OIEC by calling its toll-free telephone number: 1-866-EZE-OIEC (1-866-393-6432). More information about OIEC and its Ombudsman Program is available at the agency's website (www.oiec.texas.gov).

OMBUDSMAN PROGRAM

WHAT IS AN OMBUDSMAN? An Ombudsman is an employee of OIEC who can assist you if you have a dispute with your employer's insurance carrier. An Ombudsman's assistance is free of charge. Each Ombudsman has a workers' compensation adjuster's license and has completed a comprehensive training program designed specifically to assist you with your dispute.

An Ombudsman can help you identify and develop the disputed issues in your case and attempt to resolve them. If the issues cannot be resolved, the Ombudsman can help you request a dispute resolution proceeding at the Texas Department of Insurance, Division of Workers' Compensation. Once a proceeding is scheduled an Ombudsman can:

- Help you prepare for the proceeding (Benefit Review Conference and/or Contested Case Hearing);
- Attend the proceeding with you and communicate on your behalf; and
- Assist you with an appeal or a response to an insurance carrier's appeal, if necessary.

28 TAC §276.5. Employer Notification of Ombudsman Program to Employees (Effective 9/1/13)

(a) All employers participating in the workers' compensation system shall post notice of the Office of Injured Employee Counsel's (OIEC) Ombudsman Program. This notice shall be posted in the personnel office, if the employer has a personnel office, and in the workplace where each employee is likely to see the notice on a regular basis.

(b) This notice of the Ombudsman Program shall be publicly posted in English, Spanish, and any other language that is common to the employer's employees.

(c) This notice shall be the text provided by OIEC without any additional words or changes and may be obtained by:

- (1) Downloading the form on OIEC's website at: www.oiec.texas.gov; or
- (2) Requesting the notice by calling OIEC's toll-free telephone number at: 1-866-EZE-OIEC (1-866-393-6432).

WORKERS' COMPENSATION

INSURANCE COVERAGE

EMPLOYEE NOTICE

SEMPER VALENS SOLUTIONS INC
2413 GLENN DR
CANYON LAKE TX 78133-3578

04/28/2021

EIG 4546709 01

The above-named employer's workers' compensation insurance coverage is active and in good standing for the period of 05/15/2021 to 05/15/2022, 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. 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:

Employers Compensation Insurance Company
P.O. Box 539003
Henderson, NV 89053-9003
888-682-6671

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) 444-6543.

FAILURE TO POST THIS SIGN OR POSTING AN ALTERED SIGN IN THE
WORKPLACE WILL RESULT IN A \$50 FINE AGAINST THE EMPLOYER!

ERD800 (Rev 9/99)

NOTICE

The undersigned employer hereby gives notice that the payment of compensation to employees and their dependents has been secured in accordance with the provisions of the Employer's Liability Insurance Law, Title 34, Chapter 15, Article 5, Revised Statutes New Jersey, by insuring with the (Employers Compensation Insurance Company) Insurance Company

for the period

Beginning 05/15/2021 Ending 05/15/2022

SEMPER VALENS SOLUTIONS INC

Employer

In accordance with the above cited law, notice of compliance must be posted and maintained conspicuously in and about the employer's workplaces.

AVISO

El patrón avisa que ha asegurado el pago de compensación a los empleados y sus dependientes, de acuerdo con lo provisto por la ley de responsabilidad de los patrones de seguro para sus empleados. Titulo 34, Capitulo 15, Articulo 5, revisión de estatutos del Estado de New Jersey, asegurándolos con. (Employers Compensation Insurance Company) Compañía de Seguro

por el periodo

Comenzando 05/15/2021

Terminando 05/15/2022

Patrón SEMPER VALENS SOLUTIONS INC

De acuerdo con la ley mencionada arriba, esta noticia debe ser colocada y mantenida en un lugar visible en todos los lugares de trabajo.

Form 17 NJ