NOTICE TO EMPLOYEES

WORKERS' COMPENSATION

WORKERS COMPENSATION			
Employer Name:	INTERNATIONAL CHURCH OF	THE FOURSQUARE GOSPEL	
The above named emp Workers' Compensation hereby gives notice to payment of Compensation accordance with the pressurance Company:	oloyer, an employer wit n Law of the State of _ employees that the em tion to its employees a	hin the meaning of the Nebraska Inployer has secured the line their dependents in insuring with:	
Policy Effective Dates: _	5/1/2022 to 5/1/2023		
Policy Number: _	WC 1885539-03		
If you are injured on the job, or contract an occupational disease, notify your employer immediately.			
Claims Administered By:	Gallagher Basset Services PO Box 4040 Sacramento, CA 95812 Telephone 916-576-8239	For Placing a Claim, Call: 833-813-5580	

Collecting Workers' Compensation benefits by intentionally misrepresenting, misstating, or failing to disclose any material fact is <u>fraud</u>. 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.

Date Posted:	
--------------	--