TO THE EMPLOYEES OF THE UNDERSIGNED:
Your employer is insured by

<table>
<thead>
<tr>
<th>Insurer (Or Insurance Company)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street and Number</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

For the period from ____________ through ____________.

Alaska Adjusting Company

<table>
<thead>
<tr>
<th>Street and Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

This insurance pays benefits for job-connected injuries, illnesses or death as provided by the Alaska Workers’ Compensation Act.

Employer

<table>
<thead>
<tr>
<th>By</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td></td>
</tr>
</tbody>
</table>

Witness

Witness

Immediately (not later than 30 days from injury or death date) give your employer and the Alaska Workers’ Compensation Board written notice of a job-related injury, illness, or death. Get the “Report of Occupational Injury or Illness” form from your employer for this purpose.

If you have questions about your rights or benefits under the Alaska Workers’ Compensation Act, contact the insurer at the above address and the Alaska Workers’ Compensation Board at the nearest office listed below:

**ANCHORAGE**
3301 Eagle Street
Box 107019
Anchorage, AK 99510-7019
(907) 269-4980

**FAIRBANKS**
675 Seventh Avenue
Station H2
Fairbanks, AK 99701-4593
(907) 451-2889

**JUNEAU**
1111 West 8th Street
Box 25512
Juneau, AK 99802-5512
(907) 465-2790

**NOTICE TO EMPLOYER:** AS 23.30.060 requires that you post this notice in three conspicuous places on the employer’s premises.