

# NOTICE TO EMPLOYEES

## WORKERS' COMPENSATION

Employer Name: OREGON STATE UNIVERSITY

The above named employer, an employer within the meaning of the Workers' Compensation Law of the State of Iowa, hereby gives notice to employees that the employer has secured the payment of Compensation to its employees and their dependents in accordance with the provision of said law, by insuring with:

Insurance Company: **ZURICH AMERICAN INSURANCE COMPANY**  
1400 AMERICAN LANE  
SCHAUMBURG, IL 60196-1056  
800-987-3373

Policy Effective Dates: 7/1/2016 to 7/1/2017

Policy Number: WC 001040339-02

If you are injured on the job, or contract an occupational disease, notify your employer immediately.

Claims Administered By: **ZURICH CLAIMS SERVICES**  
PO BOX 49547  
COLORADO SPRINGS, CO 80949-9537  
Telephone 800-987-3373

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