NOTICE TO EMPLOYEES

WORKERS' COMPENSATION

Employer Name: **INNOVATIVE EMPLOYEE SOLUTIONS**

The above named employer, an employer within the meaning of the Workers' Compensation Law of the State of **Nebraska**, 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**
1299 Zurich Way
Schaumburg, IL 60196-5870
800-987-3373

Policy Effective Dates: **1/1/2024 to 1/1/2025**

Policy Number: **WC 3434770 - 23**

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

Claims Administered By: **Gallagher Bassett Services, Inc**
2 Pierce Place, FL 5
Itasca, IL 60143
Telephone 888-548-0154

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.

Date Posted: _____