

Since 1983

**mancon**

1961 Diamond Springs Road  
Virginia Beach, VA 23455  
Phone (757) 460-6308  
Fax (757) 457-9345

## MONTANA EMPLOYEES

MANCON Employees,

Included in this packet is the following information:

1. Smoking Free Establishment
2. Workers Compensation
3. Unemployment

If you have any questions, please contact your supervisor.

Thanks,  
Human Resources



# Montana Law Prohibits Smoking in This Establishment

Montana Department of Public Health & Human Services  
Title 50, Chapter 40, MCA

# WORKERS' COMPENSATION

## INSURANCE COVERAGE

# EMPLOYEE NOTICE

Management Consulting, Inc.

312 73RD ST N

MALMSTROM AFB, MT 594027511

Date:

Policy Number: WC2-Z91-539534-016

The above-named employer's workers' compensation insurance coverage is active and in good standing for the period of 10/01/2016 to 10/01/2017, 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. A sole proprietor, partner, manager of a manager-managed limited liability company, member of a member-managed limited liability company, or corporate officer covered under the Montana Workers' Compensation Act must report an accident to the insurer 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 or within one (1) year from the knowledge of an occupational disease. 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.

### **Prior to the Insurer's designation or approval of a Treating Physician you may choose your initial Health Care Provider.**

You may continue to receive treatment from your initial health care provider unless the insurer designates a treating physician other than your initial health care provider. After providing you with a notice of a designated or approved treating physician, the insurer is no longer liable for treatment provided by other health care providers unless authorization is obtained to continue treatment.

### **For specific information about this policy, call or write your employer's insurance carrier:**

Liberty Mutual Fire Insurance Company

175 Berkeley Street

Boston, MA 02116

617-357-9500

**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) 444-6532.**

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

# Compensación de Trabajadores

Cobertura De Seguro

## AVISO DEL EMPLEADO



Management Consulting, Inc.

312 73RD ST N

MALMSTROM AFB, MT 594027511



Fecha:



Número de la Política:  
WC2-Z91-539534-016



La cobertura de compensación para trabajadores de la antedicha compañía esta vigente por el periodo de 10/01/2016 al 10/01/2017, mientras tanto que la compañía halla reunido todos los requisitos de reportes y la prima.

### **SI USTED ES HERIDO**

Usted debe informar cualquiera lesion que ocurre en el trabajo a su supervisor, el empleador o el asegurador tan pronto posible. Usted tiene que reportar el accidente dentro de 30 días. Un propietario único, el socio, el director de una compañía manejado por el director de obligación limitada, el miembro de una compañía miembro-manejado por obligación limitada, o oficial corporativo cubierta bajo el Acto de Compensación de Trabajadores de Montana debe informar un accidente al asegurador dentro de 30 días.

Informe las lesiones secundarias a su empleador aunque usted no reciba tratamiento médico. Después que usted informa la lesión, su empleador tiene 6 días para notificar a su asegurador. Usted tiene que entregar un escrito "Primer Informe de la Lesion" dentro de 12 meses de la fecha del accidente o dentro de un (1) año del conocimiento de una enfermedad profesional. Usted le puede entregar esta forma a su empleador, al asegurador, o al Departamento de Labor y de Industria.

Todos los empleados que sostienen una lesion compensable relacionada al trabajo o la enfermedad profesional, con excepción de las que sean eximidas por el estatuto (la Sección 39-71-401, MCA), son cubierta por médico y por los beneficios de perdida de salario.

**Antes de la designación de la Aseguradora o aprobación de un médico tratante puede elegir su proveedor de atención médica inicial.** Usted puede continuar recibiendo tratamiento de su proveedor de atención médica inicial a menos que el asegurador designa un médico tratante que no sea su proveedor de atención médica inicial. Después de proporcionarle con un aviso de un designado o aprobado médico tratante, el asegurador es no más obligado para el tratamiento proporcionado por otros proveedores de asistencia médica a menos que autorización sea obtenida para continuar el tratamiento.

**Para información específica sobre esta póliza, llame o escriba al portador del seguro de su empleador:** Liberty Mutual Fire Insurance Company  
175 Berkeley Street, Boston MA 02116  
617-357-9500

**Para información general acerca la compensación de los trabajadores, llame o escriba:**  
**Montana Department of Labor and Industry, Employment Relations**  
**Division, P.O. Box 8011, Helena, MT 59604-8011, Teléfono (406) 444-6532.**

¡EL FRACASO DE ANUNCIAR ESTE LETRERO O ANUNCIAR UN LETRERO MODIFICADO EN EL LUGAR DE TRABAJO RESULTA EN UNA MULTA DE \$50 CONTRA EL EMPLEADOR!

ERD800.(Rev 7/11)

**Instructions to Employers:** Post this form in an area that is visible to all employees. If you have any questions regarding this notice or other Unemployment Insurance questions, please contact the following:

Unemployment Insurance employer registration or rate questions?

Call the Department of Revenue at (406) 444-6900 Fax # (406) 444-0629

Unemployment Insurance benefits questions?

Call the Unemployment Insurance Telephone Center in your region

Billings Telephone Center (406) 247-1000

Helena Office (406) 444-3783

Unemployment Insurance employer charging questions?

Call the Department of Labor and Industry, Unemployment Insurance Program at (406) 444-3783

Fax # (406) 444-2699



## ATTENTION EMPLOYEES

**Your Job Is Covered By Unemployment Insurance**  
FOR WHICH CONTRIBUTIONS TO THE FUND ARE PAID BY YOUR EMPLOYER

**COUNTIES IN HELENA REGION:**

(406) 444-2545

BEAVERHEAD \* BROADWATER \* DEER  
LODGE \* FLATHEAD \* GALLATIN \* GRANITE  
\* JEFFERSON \* LAKE \*  
LEWIS & CLARK \* LINCOLN \* MADISON \*  
MEAGHER \* MINERAL \* MISSOULA \* PARK \*  
POWELL \* RAVALLI \* SANDERS \* SILVER  
BOW

**COUNTIES IN BILLINGS REGION:**

(406) 247-1000

BIG HORN \* BLAIN \* CARBON \* CARTER \*  
CASCADE \* CHOUTEAU \* CUSTER \*  
DANIELS \* DAWSON \* FALLON \*  
FERGUS \* GARFIELD \* GLACIER \*  
GOLDEN VALLEY \* HILL \* JUDITH BASIN \*  
LIBERTY \* McCONE \* MUSSELSHELL \*  
PETROLEUM \* PHILLIPS \* PONDERA \*  
POWDER RIVER \* PRAIRIE \* RICHLAND \*  
ROOSEVELT \* ROSEBUD \* SHERIDAN \*  
STILLWATER \* SWEET GRASS \* TETON \*  
TOOLE \* TREASURE \* VALLEY \*  
WHEATLAND \* WIBAUX \* YELLOWSTONE

**SHOULD YOUR JOB TERMINATE OR  
BE SUBSTANTIALLY REDUCED:**

1. Call the Unemployment Insurance telephone center in your region.

Have the following information available when you call:

- \* Social Security Number
  - \* Names, address and dates employed for all employers you worked for in the past 18 months.
  - \* Alien registration number (if not a citizen of the United States)
  - \* If you were in the military or worked for the federal government in the last 18 months, have available your DD-214 member 4, copy of SF-8 or SF50.
2. Register for work at any office of the Montana State Job Service.
  3. If suitable work is not obtainable you may be eligible for unemployment insurance benefits.

Mancon's Corporate

1961 Diamond Springs Rd

Virginia Beach, VA 23455

1-888-892-0787

**STATE OF MONTANA  
UNEMPLOYMENT INSURANCE PROGRAM**