

# EMPLOYEE WARNING

## LOSS OF WORKERS' COMPENSATION INSURANCE COVERAGE

[ ]

Date:  
Policy Number:

The above named employer's workers' compensation insurance coverage issued by the insurance carrier shown below is pending cancellation. Claims occurring on or after [ ] will not be covered for medical or wage-loss benefits due an injured worker as the result of an injury incurred while in the employment of the named employer, unless the insurance coverage requirements are met by [ ] .

Should this cancellation not occur, the employer will be given written authorization from the insurance carrier to remove this sign.

This sign will remain posted over the current "Employee Notice" sign until effective workers' compensation insurance is obtained by this firm.

**FAILURE TO POST THIS SIGN OR POSTING AN ALTERED SIGN IN THE WORKPLACE WILL RESULT IN A \$50.00 FINE AGAINST THE EMPLOYER!**

For general information about Workers' Compensation, call or write:

For specific information about this policy call or write the insurance carrier:

Workers' Compensation Regulation Bureau  
Employment Relations Division  
Montana Department of Labor and Industry  
PO Box 8011  
Helena MT 59604-8011  
Phone – (406) 444-6532

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