EMPLOYERS' CERTIFICATE OF SELF INSURANCE

THE ALASKA WORKERS' COMPENSATION BOARD

Has issued this certificate of self-insurance to

STATE OF ALASKA
PO BOX 110218
JUNEAU AK 99811-0218

Certificate effective from **March 1, 2016** through **March 1, 2017**

ALASKA WORKERS' COMPENSATION BOARD

Designated Chairman
Marie Marx

Member
Bradley S. Austin

Member
Charles Collins, Jr.

TO THE EMPLOYEES OF THE ABOVE:

Your employer is authorized to directly pay benefits for job-connected injuries, illnesses, or death as provided by the Alaska Workers' Compensation Act.

Immediately (not later than 30 days from injury or fatality) 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 an injury or claim, contact the employer's claims adjuster

TRISTAR Risk Management, PO Box 240369, Anchorage, AK 99524-0369;
Office Phone: 888-538-9847, ext. 1511; Fax: 562-506-0330

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

ANCHORAGE	FAIRBANKS	JUNEAU
3301 Eagle Street, Ste. 304	675 Seventh Ave., Sta. K	1111 W. 8th St., Rm 305
Anchorage, Alaska 99503	Fairbanks, Alaska 99701-4531	Juneau, Alaska 99801
(907) 269-4980	(907) 451-2889	(907) 465-2790

NOTICE TO EMPLOYER: AS 23.30.060 REQUIRES THAT YOU POST THIS NOTICE IN THREE PLACES ON THE EMPLOYER'S PREMISES.

Form 07-6123 (Rev 10/94) Formerly ADL 213