

Thank you for choosing the Hanover for your Workers' Compensation needs. We are pleased to provide you with some information regarding future filing of claims, and other state specific information that will assist you with your claims reporting. You will find this information in the enclosed packet.

The Hanover has four methods for reporting new workers' compensation losses:

Phone In: Call 1-800-628-0250, follow prompts for reporting

WC new losses.

Fax In: Fax completed First Report to 1-800-762-7788

Online: www.hanover.com Choose "Report a Claim" at the

top of the page, then choose "Workers'

Compensation Claim" under Business Claims.

E-Mail: E-mail completed First Report of Injury to

WCNEWLOSSES@hanover.com

All four options are available 24 hours per day, 7 days per week. Upon receipt and entry of your claim into our system, your agent will receive a notification of the claim for their records. This occurs within 1 business day of receipt of your report.

The most essential part of a workers' compensation claim is prompt notification to us to allow prompt investigation, payment of benefits to your injured worker if appropriate, and to avoid any potential for late filing penalties that may be assessed by your state.

Welcome to the Hanover.

We look forward to working with you.

MISSISSIPPI WORKERS' COMPENSATION

NOTICE OF COVERAGE

I. P	lease tal	ke notice	that your	Employer	is in	compliance	with	the	requirements	of the
Mississip	ppi Work	ers' Com	pensation	Law, and [s	elect	one] [has be	en app	rove	ed by the Miss	sissippi
Workers'	'Comper	nsation Co	mmission	to act as a s	elf-in	surer], or [ma	aintair	is wo	orkers' compe	nsation
insurance	e coverag	ge with th	e followir	ng:]		- A				
				700						

msuranc	ce coverage wit	THE HANOVER INSURANCE COMPANY
		(Name of insurance carrier or self-insurance group) 440 LINCOLN ST., PO BOX 15063, WORCESTER, MA 01615
		508-855-1000
		(address & telephone number)
II. J	Individual work	(Name of third party claims administrator or claims office) 5188 W 745t, Indianagolis, IN 46268 317-388-4007 (address & phone number)
III. 05/15/20		compensation coverage is effective for the following period: to 05/15/2015
	The state of the s	njuries or illnesses should be reported as soon as possible to your immediate rson listed below:
		Carol Kilgore CPP (Name of emptoyer contact person)
		Sr HR - PR Manager (Title & Department/Division)
V.	Please be advis	ed that any person who willfully makes any false or misleading

V. Please be advised that any person who willfully makes any false or misleading statement or representation for the purpose of obtaining or wrongfully withholding any benefit or payment under the Mississippi Workers' Compensation Law may be charged with violation of Miss. Code Ann. §71-3-69 (Rev. 2000) and upon conviction be subjected to the penalties therein provided.

COMPENSACIÓN AL TRABAJADOR DE MISSISSIPPI

NOTIFICACIÓN DE COBERTURA

Por favor tome nota que su Empleador está en cumplimiento con los requisitos de

aprobado por la	pensación al Trabajador de Mississippi, y [seleccione uno] [ha sido Comisión de Compensación al Trabajador de Mississippi para actuar or de sí mismo], o [mantiene seguro de compensación al trabajador con el
	THE HANOVER INSURANCE COMPANY
	(Nombre del asegurador o grupo de seguro propio) 440 LINCOLN ST., PO BOX 15063, WORCESTER, MA 01615
	508-855-1000
	(dirección y número de teléfono)
II. Los recl procesados por:	amos individuales de compensación al trabajador serán entregados y
	Trends International LLC
	(Nombre del administrador de reclamos de terceros u oficina de reclamos) 5188 W 74th St, Indianapolis, IN 46268 317-388-4007
	(dirección y número de teléfono)
III. Esta cob	pertura de compensación al trabajador está en vigencia durante el siguiente
05/15/2014	hasta 05/15/2015 .
	is lesiones o enfermedades laborales deben ser reportadas tan pronto como supervisor inmediato, o a la siguiente persona: Caro/ Kilgoro CPP (Nombre de la persona de contacto del empleador)
	Sr HR-PR Manager
	(Título y departamento o división)

V. Por favor tenga presente que cualquier persona que intencionalmente hace cualquier declaración o representación falsa o engañosa con el propósito de obtener o retener erróneamente cualquier beneficio o pago bajo la Ley de Compensación al Trabajador de Mississippi puede ser acusado de infracción de Miss. Code Ann. §71-3-69 (Rev. 2000) y al ser condenado será sujeto a las penas provistas en ella.

2001 M.W.C.C. Formulario de Notificación de Cobertura

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