

MISSISSIPPI PUBLIC ENTITY

WORKERS' COMPENSATION TRUST

P.O. Box 22729 • JACKSON, MS 39225-2729
307 Warwick Place, Ridgeland, MS 39157

Ridgeland: (601) 605-8160
Fax: (601) 605-8161
1-866-331-5682

TO: MPEWCT MEMBERS

FROM: Judy Mooney, Administrator

SUBJECT: **2020 Certificate of Coverage and Posting Notice**

Enclosed is your 2020 workers' compensation **Certificate of Coverage** and a **Posting Notice** that is required to be posted in a place or places that is visible to the employees.

Please make as many copies as you need for your locations.

Judy Mooney
Administrator

PHYSICS DEPARTMENT
5720 S. UNIVERSITY AVE.
CHICAGO, ILL. 60637

Dear Mr. [Name]

I am pleased to hear that you are interested in the
work of the Physics Department at the University of Chicago.
We are currently conducting research in the field of
[Field]

Very truly yours,
[Name]

**A SELF-FUNDED WORKERS' COMPENSATION TRUST
CERTIFICATE OF COVERAGE**

- ITEM 1** Name and address of Member
- Madison County
Attn: Shelton Vance
P. O. Box 608
Canton, MS 39046**
- ITEM 2** Effective Date: 1/01/2020
Expiration Date: 1/01/2021
(12:01 A.M. Standard Time at the address of the Member as stated herein.)
Cancellation Notice: 30 days
- ITEM 3** Coverage under this Certificate applies to the **Mississippi Workers' Compensation Law** pursuant to **Sections 71-3-1 et. seq. of the Mississippi Code of 1972**, as amended and the rules and regulations thereunder.
- ITEM 4** Trust Upper Limit of Indemnity
(a) Statutory for Workers' Compensation
(b) Employers' Liability each Occurrence - \$1,000,000
- ITEM 5** Trust Specific Retention Each Occurrence: \$1,000,000
(a) Aircraft - Per Person - \$500,000
- ITEM 6** Excess Carrier: **Safety National Casualty Corporation**

This certificate shall not be binding on the Trust unless signed by a duly authorized representative of the Trust.

Dated at Jackson, Mississippi, this 1st day of January 2020.

**MISSISSIPPI PUBLIC ENTITY
WORKERS COMPENSATION TRUST**

By: Judy Mooney
Judy Mooney, Administrator

NOTICE OF COVERAGE

Mississippi Workers' Compensation Commission

As required by Code Section 71-3-81 (Section 35 of Act), notice is hereby given that the undersigned employer has secured the payment of compensation under the provisions of the Mississippi Workers' Compensation Law.

The name and address of the Carrier is:

MISSISSIPPI PUBLIC ENTITY WORKERS' COMPENSATION TRUST
P. O. Box 22729
Jackson, MS 39225 601-605-8150

Individual workers compensation claims will be submitted to and processed by:

MPE WORKERS' COMPENSATION SERVICES, INC.
P. O. Box 22729
Jackson, MS 39225 601-605-8150

This workers' compensation coverage is effective for the following period:

01/01/2020 to 01/01/2021.

All job related injuries or illnesses should be reported as soon as possible to your immediate supervisor, or to the listed below:

(Name of employer contact person)

(Title & Department/Division)

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.

THIS NOTICE IS REQUIRED TO BE POSTED IN A CONSPICUOUS PLACE OR PLACES IN OR ABOUT THE EMPLOYER'S PLACE OF BUSINESS.