

WORKERS' COMPENSATION

INSURANCE COVERAGE

EMPLOYEE NOTICE

A+ STUDENT STAFFING INC
4100 HARRY HEINES, STE 350
DALLAS, TX 75219

Date:

Policy Number: QWC7100019

The above-named employer's workers' compensation insurance coverage is active and in good standing for the period of 2/3/20 to 2/3/21, 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:

PO Box 975
Sun Prairie WI 53590 844-723-2524

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

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.



MONTANA'S MINIMUM WAGE

(Effective 1/1/2020)

\$8.65*

*The minimum wage is subject to a cost-of-living adjustment based on the Consumer Price Index no later than September 30th of each year. Montana's minimum wage is to be the greater of the federal or current state minimum wage.

Exception: A business not covered by the Fair Labor Standards Act whose gross annual sales are \$110,000 or less may pay \$4.00 per hour. **However**, if an individual employee is producing or moving goods between states or otherwise covered by the Fair Labor Standards Act, that employee must be paid the greater of either the federal minimum wage or Montana's minimum wage.

NO TIP CREDIT, TRAINING WAGE OR MEAL CREDIT IS ALLOWED IN THE STATE OF MONTANA

OVERTIME PAY

Employees who work in excess of 40 hours in a workweek must receive overtime compensation at a rate of at least 1½ times their regular hourly rate for those hours worked over 40. There are exclusions from overtime pay. This information can be obtained by calling our office at (406) 444-6543.

PAYMENT OF WAGES

WHILE STILL EMPLOYED: An employee must be paid within 10 business days after the end of the pay period.

WHEN SEPARATED FROM EMPLOYMENT: When an employee quits, wages are due on the next scheduled pay day for the period in which the employee was separated, or 15 calendar days, whichever occurs first.

TERMINATED FOR CAUSE: When an employee is laid off or discharged, all wages are due immediately (within four hours or end of the business day, whichever occurs first), unless the employer has a preexisting, written policy that extends the time for payment. The wages cannot be delayed beyond the next pay day for the period in which the separation occurred, or 15 calendar days, whichever occurs first.

FOR ADDITIONAL INFORMATION PLEASE CONTACT:

DEPARTMENT OF LABOR & INDUSTRY
COMPLIANCE & INVESTIGATIONS BUREAU
PO BOX 201503
HELENA MT 59620-1503
PHONE (406) 444-6543
EMAIL: DLIERDWage@mt.gov

Please visit us on the web at:
www.mtwagehourbopa.com