

Important Notice to Workers



In Case of Injury at Work

Seek first aid or medical treatment immediately

- If your employer does not have a Designated Medical Provider (DMP) you may see any medical provider.
- If your employer does have a DMP, you are required to see that DMP unless you selected your own DMP before the injury occurred.
- If it is an emergency, you can treat with any medical provider.

Tell your employer about the injury as soon as you become aware of the injury

- Workforce Safety & Insurance (WSI) may not accept your claim if you fail to tell your employer within 7 days.
- Even if you do not receive medical treatment, report your injury so your employer is aware of a potential hazard.

Your Employer's DMP is:

Employers

The DMP selection must be visible to workers at all locations, including at mobile worksites. Failure to give notice, post notice, or to inform employees of the DMP voids the selection.

If you suspect someone is committing fraud, report it immediately to WSI at **800-243-3331**.

For a detailed explanation of the information contained in this poster, contact WSI at the numbers listed below or visit our website at **www.workforcesafety.com**

Filing a Workers' Compensation Claim

File a claim with WSI within 24 hours after a work injury occurs:

- Complete the First Report of Injury (FROI) with your employer, if possible
 - Submit the FROI online at myws.workforcesafety.com, or
 - Complete the FROI and send it to WSI.

What happens after a claim is filed?

- A claim number is assigned.
- Information is gathered, facts are reviewed, and a decision is made.
- You and your employer are notified of the decision.

Your Responsibilities

- Tell medical provider(s) your claim number.
- Stay in touch with your employer and update them on your condition.
- Notify WSI immediately:
 - of any work activity, whether you are paid or not,
 - if you change your address or telephone number,
 - if you apply for Social Security disability or retirement benefits, or are found to be eligible for these benefits.

WSI

**North Dakota Workforce
Safety & Insurance**

1600 E Century Ave, Ste 1 - PO Box 5585 - Bismarck ND 58506-5585

Customer Service: 800-777-5033 or 701-338-3800

Hearing Impaired: 800-366-6888

Decision Review Office: 800-701-4932 or 701-328-9900

Fraud & Safety Hotline: 800-243-3331



North Dakota Workforce
Safety & Insurance

Art Thompson
Director

Tegan Gillund
SWWC Service Cooperative
100 London Road
Marshall MN 56258

October 3, 2025

Account Information
Employer account number: 1548828
Issue date: 10/03/2025
Expiration date: 12/14/2026

Certificate of Payment

Reason For Notice Workforce Safety & Insurance (WSI) certifies SWWC Service Cooperative has **North Dakota** workers' compensation coverage from 10/01/2025 to 09/30/2026. Employees of SWWC Service Cooperative are entitled to apply for WSI benefits.

Required Action Employers must post this Certificate of Payment in a conspicuous manner at the workplace. A penalty of \$250 may apply for failure to comply with this requirement. See **North Dakota** Century Code § 65-04-04.

Additional Information Coverage under this certificate extends to employers for their **North Dakota** exposure. Limited coverage may be extended for temporary and/or incidental exposure outside of North Dakota.

WSI may revoke the Certificate of Payment for failure to make required premium payments.

For More Information Contact customer service at 800-777-5033 or 701-328-3800 with questions.

Class	Classification Description
8747	Professional/Business Reps

Sincerely,

Sarah Feist
Chief of Employer Services

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