WORKERS' COMPENSATION NOTICE THAT

US QUALITY FURNITURE SERVICES

Employer:			has
complied with the provisions of the Workers' Co rules of the Labor Commission, and has insu by insuring with Insurance Carrier: THE	red the liability to pay the compensation	and other benefits p	s amended), and the
Policy Number: UB-9J122108-18-4	3-G		
Address for the above insurance carrier is	P.O. BOX 173762 DEN	VER, CO 80217-3	762
T. I. I			

Telephone number is (800) 238-6225

WORKERS' COMPENSATION

IS INSURANCE WHICH PROTECTS YOU DURING WORK. IF YOU HAVE AN ON-THE-JOB INJURY OR OCCUPATIONAL DISEASE, IT WILL PAY FOR: HOSPITAL AND MEDICALBILLS * TIME LOST FROM WORK * PERMANENT LOSS OF BODY FUNCTION * PROSTHETIC DEVICES * BURIAL BENEFITS IN DEATH CASES.

HOW TO REPORT AN ACCIDENT

- Report the injury no matter how slight to your boss immediately. (You may lose your rights if your injury is not reported within 180 days of injury or work related illness.)
- Ask your employer to fill out the employer's first report of injury form. A copy of this report is to be given to you and copies are to be sent to the Labor Commission and to the insurance company within seven (7) days of the accident.
- If your employer has a first-aid room or company designated doctor, go there promptly for treatment. If not, go to a doctor of your choice.
- Tell the doctor HOW, WHEN and WHERE the accident happened. The doctor will fill out a medical report form. Copies of the report are to be sent within seven (7) days of your visit to (1) the insurance company, (2) the Labor Commission and (3) you, the employee.

HOW TO START COMPENSATION

- Ask your employer which insurance company pays workers' compensation for your company.
- Ask your doctor to send a medical report to that insurance company.
- Ask your employer to send a report of the accident to that insurance company
- Call the insurance company and ask them to start your workers' compensation benefits. The insurance company will require the doctor's report, employer's report, and may ask you to fill out a request for compensation.

REHABILITATION

IF YOU CANNOT RETURN TO WORK, YOU MAY BE ELIGIBLE FOR A REHABILITATION PROGRAM - CALL YOUR INSURANCE CARRIER AS LISTED ABOVE.

FRAUD

"For your protection, Utah Law requires the following to appear on this form, any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

STATE OF LITAH



LABOR COMMISSION

160 EAST 300 SOUTH, PO BOX 146610, SALT LAKE CITY, UT 84114-6610 (801)530-6800 - (800)530-5090

If you want an Employee's Guide to Workers' Compensation or have questions, call the Lab or Commission at the above listed numbers or go to our web page at www.laborcommission.utah.gov.

Note: This notice must be posted and kept continuously in a public and conspicuous place in the office, shop or place of business of the employer as per §34A-2-204 and §34A-2-104.5, Utah Code Annotated.

W43P2E16

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COMPENSACIÓN AL TRABAJADOR NOTE QUE

US QUALITY FURNITURE SERVICES

La empresa:

Ha cumplido con las provisiones del Acta de Compensación al Trabajador, Titulo §34A-2-101, en el libro de Código de Utah anatado en 1997, y las reglas de la Comisión de Labor (Labor Commission), y ha asegurado tener la responsabilidad de pagar compensactión y otros beneficios preve idos por el Acta ya mencionada al tener cobertura con.

Compañía de Seguros: THE TRAVELERS INSURANCE COMPANIES

No. de Póliza: UB-9J122108-18-43-G

Dirección de la compañía de seguros: P.O. BOX 173762 DENVER, CO 80217-3762

Numero de teléfono: (800) 238-6225

COMPENSACIÓN AL TRABAJADOR

ES EL SEGURO EL CUAL LE PROTÈGÉ DURANTE EL TRABAJO. SI TIENE UN ACCIDENTE EN EL TRABAJO O UNA ENFERMEDAD GENERADA A CAUSA DE SU TRABAJO, SU SEGURO PAGARA POR: HOSPITAL Y GASTOS MEDICOS * INCAPACIDAD * PERDIDA PERMANENTE DE UNA FUNCION DE SU CUERPO * PROTESIS * GASTOS DEL FUNERAL EN CASO DE MUERTE.

COMO REPORTAR UNACCIDENTE

- su supervisor immediatamente. (Pierde sus derechos no reporta su accidente entre 180 dias después del incidente.)
- Pida a su supervisor que llene la forma del primer reporte de accidente. Una copia de este reporte es para usted y las demás copias deben ser enviadas a La Comisión Laboral a la compania de seguro dentro De los primeros siete (7) dias del accidente.
- Si en su trabajo hay un cuarto de primeros auxilios o un doctor de la companía, vaya inmediatemente para obtener tratamiento, Si no, vaya al doctor de su preferencia.
- Digale al doctor CÓMO, CUÁNDO Y DÓNDE ocurrió el accidente. El doctor llenara una forma de reporte médico. Copias de ese reporte deben se enviadas dentro de siete (7) dias de su visita a (1) la compañia de seguros, (2) La Comisión Laboral REHABILITACION - LLAME A LA COMPAÑIA DE (3) usted, el empleado.

COMO EMPREZAR LA COMPENSACIÓN

- Reporte la lesión no importa que tan leve sea 1. Pregunte a su supervisor cual es la compañía de seguros que paga Compensación al Trabajador de su trabajo.
 - Pida a su doctor que mande un reporte médico a esa compañía de seguros.
 - Pida a su supervisor que mande un reporte del accidente a esa compañía de seguros.
 - Llame a la compañía de seguros y pidales que empiecen sus beneficios de compensación al trabajador. La companía de seguros requerirá el reporte del doctor, el reporte de su trabajo, y le llene " una forma para pedirá que compensación.

REHABILITACION

SI NO PUEDE REGRESAR A SU TRABAJO, USTED PUEDE CALIFICAR PARA UN PROGRAMA DE SEGUROS MENCIONADA ARRIBA.

FRAUDE

"Para su protección, la ley de Utah require lo siguiente que aparezca en esta forma, cualquier persona que intensionalmente presente información false o fraudulenta, que abara o cause que sea abierto un caso fraudulento de disabilidad o beneficios médicos, o que entregue un reporte fraudulento de factusas de gastos médicos u otros servicios profesionales es calpable de crimen y puede ser sujeto a multas y encarceuado en la prisión del Estada." ESTADO DE UTAH



COMISION LABORAL

160 EAST 300 SOUTH, PO BOX 146610, SALT LAKE CITY, UT 84114-6610 (801)530-6800 - (800)530-5090

Si desea una Guía del Empleado para Compensacion al Trabajador o si tiene pregunats, llame a la Comisión Labor a los números mencionados arriba o visite nuestra págnia de web en www.laborcommission.utah.gov.

NOTA: Esta información debe ser publicada y permanecer continuamente colocada en un lugar público ya sea en la oficina, taller, o lugar de negocio de la empresa de acuerdo con el Articulo §34A-2-204 .and §34A-2-104.5 en el libro de Código de Utah anatado.

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Workplace Safety and Health in the State of Utah

THIS NOTICE MUST BE POSTED IN THE WORKPLACE

The Utah Occupational Safety and Health Act of 1973 requires Utah employers to provide a safe and healthful workplace, free from recognized hazards that are likely to cause death or serious physical harm to employees. The Utah Occupational Safety and Health (UOSH) Division of the Utah Labor Commission, has the responsibility to administer the Utah Occupational Safety and Health Act.

NOTICE TO EMPLOYEES

You have the obligation to comply with all workplace safety and health rules established by your employer.

You have the right to notify your employer or UOSH about workplace hazards. You may ask to keep your name confidential.

You have the right to request and to participate in a UOSH inspection if you believe that there are unsafe or unhealthful conditions in your workplace.

You have the right to **file a complaint with UOSH** if you feel that your employer has retaliated against you for making safety or health complaints, or for exercising your rights under the Utah Occupational Safety and Health Act. Such whistleblower complaints must be filed within 30 days of the retaliation.

You have a right to see all UOSH citations issued to your employer. Your employer must post the citations at or near the place of the alleged violation. You may request an informal review of the abatement period granted to the employer.

You have the right to **know your employer is obligated to correct workplace hazards** by the date indicated on the citation and must certify that these hazards have been reduced or eliminated.

You have the right to copies of your medical records or records of your exposure to toxic and harmful substances or conditions.

NOTICE TO EMPLOYERS

UTAH EMPLOYERS ARE REQUIRED TO PROVIDE EMPLOYEES A SAFE AND HEALTHFUL WORKPLACE

REPORTING REQUIREMENTS

Employers are required to notify UOSH at (801) 530-6901 within 8 hours of occurrence of all fatalities, disabling, significant, and serious injuries or illnesses to workers. You can call in your report 24 hours a day, 7 days a week. Tools, equipment, materials, or other evidence that might pertain to the cause of such accidents shall not be removed or destroyed until authorized by UOSH. You are also required to investigate all incidents of worker injuries and occupational illnesses.

REPORTING GUIDANCE

"Disabling and serious" includes, but is not limited to any injury or illness resulting in immediate admittance to the hospital, permanent or temporary impairment where part of the body is made functionally useless or is substantially reduced in efficiency and which would require treatment by a medical doctor, such as amputation, fracture, deep cuts, severe burns, electric shock, sight impairment, loss of consciousness, and concussions; illnesses that could shorten life or significantly reduce physical or mental efficiency inhibiting the normal function of a part of the body, such as cancer, silicosis, asbestosis, hearing impairment and visual impairment.

INSPECTIONS, CITATIONS, ASSESSED PENALTIES

UOSH may enter at reasonable times without delay any work place under its jurisdiction to conduct an inspection, investigation, or interview a reasonable number of employees to determine compliance with the Utah Act, rules and standards. If an employer is in violation of any of those rules or standards UOSH will promptly issue a Citation to notify them of the violation. A serious violation may be assessed a proposed penalty of up to \$7,000. Willful or Repeated violations may be assessed a proposed penalty up to \$70,000. Failure to correct or abate a violation may result in additional penalties not to exceed \$7,000 for each day each violation is not corrected.

CONTESTS, APPEALS, INFORMAL REVIEW

The Utah Labor Commission will provide an adjudicative formal hearing with its Division of Adjudication, when an employer files a written notice of contest within 30 days of receipt of the citation. Upon expiration of that 30 day period, the citation and proposed penalties are final and not subject to review by any court or agency. Employers may also request an informal review of any citation, proposed penalty or abatement period. Informal reviews do not extend the 30 days in which an employer must file a written notice of contest for a formal hearing.

To report a workplace fatality or injury, file a workplace safety complaint, or for assistance please call (801) 530-6901 or (800) 530-5090. To file a safety complaint online or obtain more information about UOSH please visit our website at: www.laborcommission.utah.gov. To obtain more information about safety and health in the workplace, please contact the Consultation Program at (801) 530-6855. Employers and employees may file a complaint about state program administration with the Occupational Safety and Health Administration (OSHA) at 1244 Speer Blvd., Suite 551 Denver, CO 80204.

State of Utah Labor Commission Utah Occupational Safety and Health 160 East 300 South, Third Floor PO Box 146650 Salt Lake City, Utah 84114-6650 (801) 530-6901 Fax (801) 530-7606 Toll-Free 1-800-530-5090 www.laborcommission.utah.gov

Reporting Injuries (801) 530-6901 Compliance Program (801) 530-6901 Consultation Program (801) 530-6855







Pregnancy and Related Conditions under the Utah Antidiscrimination Act

- The Utah Antidiscrimination Act requires an employer to make a **reasonable accommodation** for an employee for **pregnancy**, **child birth**, **breastfeeding**, **or a related condition**, upon the employee's request. UTAH CODE § 34A-5-106(1)(g) (2016).
- Unless the employer can show that the **reasonable accommodation** is an **undue hardship** as defined by the Act, it cannot require an employee to end the employment if a reasonable accommodation may be given, or deny employment opportunities to the employee if the denial is based on the need to make a reasonable accommodation. UTAH CODE § 34A-5-102(1)(w) (2016).
- An employer **may require** an employee seeking a reasonable accommodation based on pregnancy or a related condition to provide a **medical certification**. A medical certification must include:
 - the date the reasonable accommodation becomes medically advisable;
 - o the probable duration of the accommodation; and
 - a statement regarding the medical advisability of the accommodation. UTAH CODE § 34A-5-106(7)(a) (2016).
- An employer **may not** require an employee to obtain a certification from the employee's health care provider for more frequent **restroom, food, or water breaks**. UTAH CODE § 34A-5-106(7)(c) (2016).

To learn more about your rights, please contact the Utah Antidiscrimination & Labor Division by calling 801-530-6801 or emailing discrimination@utah.gov.



UNEMPLOYMENT INSURANCE NOTICE TO WORKERS



Your work is covered under the provisions of the Utah Employment Security Act for unemployment insurance purposes, unless specifically exempted by the Act.

Unemployment insurance specifically provides payments to qualified workers who are unemployed through no fault of their own and are able, available, and seeking full-time work. It is not public assistance, Social Security, or a disability payment. Benefits are based upon your previous earnings - not on economic need. The funds to pay unemployment benefits are paid by your employer. No deductions are made from your wages.

FILING FOR UNEMPLOYMENT INSURANCE BENEFITS

To receive unemployment benefits, you may file your claim online at jobs.utah.gov, select "Temporary Assistance," then "Unemployment Benefits," and then choose "File New or Reopen Claims." You may also call the Claims Assistance and Re-Employment Team at: Salt Lake/South Davis Counties - (801) 526-4400; Weber/North Davis Counties - (801) 612-0877; Utah County - (801) 375-4067; elsewhere in Utah and out-of-state - (888) 848-0688. No benefits will be paid for weeks prior to the week in which you file your claim. You should, therefore, file immediately after becoming unemployed or when your work hours are reduced to less than full time.

FILING AFTER RECEIVING WORKER'S COMPENSATION BENEFITS

If you are separated from employment due to a work-related illness or injury for which you have received Worker's Compensation, your rights to unemployment benefits may be preserved for up to THREE YEARS from the date of your injury. In order to use wages earned prior to such an injury or illness, you must file a claim for unemployment benefits within 90 DAYS of your doctor's release to full time work.

SEPARATION INFORMATION

At the time you are separated from your job, you should request information as to the reasons for your separation. You do not need to have a separation notice to file a claim. Both you and your employer will be requested to provide statements explaining the reason for your separation.

WAGES DETERMINE BENEFIT AMOUNT

The amount of your unemployment benefits will be determined from your wages in covered employment. "Wages" are all payments for personal services performed such as salaries, commissions, bonuses, tips, and the cash value of goods and services received for services performed. Tips received but not reported to your employer generally cannot be used to determine your unemployment benefits.

SELF-EMPLOYMENT

If you are classified as "self-employed" (independent contractor), you may want to discuss this with your employer and have your status reviewed by DWS. Work performed in "self employment" cannot be used for unemployment benefits. You are "self-employed" if your work is performed without direction and control and you are in your own established business. This generally means you are properly licensed in business, perform similar services for others, maintain proper accounting records and business reports, pay self-employment taxes, and provide for insurance.

ONLINE SERVICES

Access our web site jobs.utah.gov to search for jobs, find out about available programs, and obtain economic information.

NO FEE EMPLOYMENT SERVICES

DWS services are available on our web site at jobs.utah.gov or by going to any of our Employment Centers listed below. Employment services include job referrals, career counseling, workshops, employer recruitment, Veterans' services, labor market information, and job training/internships. Supportive services include food stamps, financial assistance, medical assistance, childcare assistance, unemployment assistance, emergency assistance, referrals to community, and other resources. Our Job Connection Rooms provide Internet access along with Information Specialists to assist you in accessing services and resources. Fax and copy machines are also available.

STATE EMPLOYMENT CENTERS

Beaver(435) 438-3581	Ogden
Blanding544 North 100 East(435) 678-1420	Panguitch
Brigham City138 West 990 South(435) 695-2625	Park City1910 Prospector Ave. Ste. 100(877) 313-4717
Cedar City176 East 200 North(435) 865-6531	Price
Clearfield1290 East 1450 South(801) 776-7800	Provo
Delta	Richfield(435) 893-0005
Emery County550 West Hwy 29(435) 381-6120	Roosevelt
Heber City69 North 600 West, Ste. C(435) 654-6500	Salt Lake Metro720 South 200 East(801) 526-0950
Junction550 North Main(435) 893-0005	Salt Lake So County5735 South Redwood Rd(801) 269-4700
Kanab	South Davis
Lehi	Spanish Fork1185 North Canyon Creek Parkway(801) 794-6600
Loa(435) 893-0005	St. George
Logan(435) 792-0599	Tooele
Manti55 South Main #3(435) 835-0771	Vernal
Moab457 Kane Creek Blvd(435) 719-2600	Eligibility Services Center(Salt Lake Area)(801) 526-0950
Nephi	(Outside Salt Lake)(866) 435-7414

INFORMATION FOR EMPLOYERS

Utah law requires that each employee's wages must be reported each quarter with the regular quarterly contribution (tax) report. All wage and separation information and correspondence must include your unemployment insurance registration number. You must also maintain and make available records of wages and separation information on all workers for at least four (4) calendar years.

When an unemployment claim is filed by a former employee, the Department of Workforce Services will send Form 606 "Notice of Claim Filed." This notice will provide an opportunity for you to report details of the reason for the claimant's separation and, in some cases, to request relief of potential charges. You will also receive a Form 65 "Employer Notice of Potential Liability" showing any wages from your firm being used on the claim and your

If you have classified or contemplate classifying any of your workers as "self-employed" (independent contractors), notify the Department in order that a proper determination of status can be made. By doing this, you may avoid unpaid contributions (tax) liabilities, interest, and penalties. Additional information is available in the "Employer Handbook" which you can access on the Internet at:

jobs.utah.gov/ui/employer/public/handbook/employerhandbook.aspx

In accordance with Section 35A-4-406(1)(b) of the Utah Employment Security Act, this notice must be permanently posted by each employer at suitable points (on bulletin boards, near time clocks, etc.) in each work place and establishment.

