WASHINGTON

WORKERS' COMPENSATION

REPORT YOUR INJURY TO:

Liberty Mutual Insurance - Policy # WCCZ91472576011

(Your employer fills in this space.)

HELPFUL PHONE NUMBERS

Ambulance: 911

Fire: 911

Police: 911

SELF-INSURED WORKERS' COMPENSATION

Name: _____

Phone: _____

Regular Paydays for Employees of

Kikiktagruk Inupiat Corporation and its subsidiary companies

(Company Name)

Shall be as follows:

☐ *Weekly* ☒ *Bi-Weekly* ☐ *Monthly* ☐ *Other* _____

By: Elsa Hasa *Title:* HR Assistant