#### MAKING UNAUTHORIZED COPIES IS AGAINST THE LAW AND MAY SUBJECT YOU TO CIVIL AND CRIMINAL LIABILITY DATE POSTED:\_

Family Medical Leave Act

Labor Laws change often. Please call your distributor

rved. Unauthorized copies are illed

twice a year to confim if you are in compliance.

# Mississippi & Federal Employment Notices



PRODUCT ID: MS2-27X40-ENG

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# **Job Safety and Health** OSHA **IT'S THE LAW!**

### All workers have the right to:

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a workrelated injury or illness, without being retaliated against.

NOTE: OSHA REQUIRES THAT REPRODUCTIONS OR FACSIMILES OF THE POSTER BE AT LEAST 8.5" X 14" INCHES WITH 10 POINT

- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request an OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. OSHA will keep your name confidential. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative) participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

Contact OSHA. We can help.

## **Employers must:**

Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.

- Comply with all applicable OSHA standards.
- Report to OSHA all work-related fatalities within 8 hours, and all inpatient hospitalizations, amputations and losses of an eye within 24 hours.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

FREE ASSISTANCE to identify and correct hazards is available to small and mediumsized employers, without citation or penalty, through OSHA-supported consultation



U.S. Wage and Hour Division	EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACTTHE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION
	mily and Medical Leave Act (FMLA) is a federal law that provides eligible employees with <b>job-protected leave</b> for easons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.
	to 12 workweeks of FMLA leave in a 12-month period for:
The birth, adoption or foster p	
	cal health condition that makes you unable to work, I or parent with a serious mental or physical health condition, and
	ated to the foreign deployment of your spouse, child or parent who is a military servicemember.
	e spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness <b>may take up to 26</b> single 12-month period to care for the servicemember.
	leave in <b>one block of time</b> . When it is medically necessary or otherwise permitted, you may take FMLA leave <b>cks of time, or on a reduced schedule</b> by working less hours each day or week. Read Fact Sheet #28M(c) for more
	but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid fo <mark>r which</mark> you need FMLA leave.
Am I eligible to take FMLA lea You are an eligible employee i	if all of the following apply:
<ul><li>You work for a covered employ</li><li>You have worked for your em</li></ul>	
You have at least 1,250 hours	s of service for your employer during the 12 months before your leave, and
	) employees within 75 miles of your work location.
	ave different "hours of service" requirements. <b>yer if one</b> of the following applies:
	er that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
• You work for an elementary o	r public or private secondary school, or
• You work for a public agency, administered by the Office of Pe	such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA,
-	-
How do I request FMLA leave Generally, to request FMLA leave	
<ul> <li>Follow your employer's norma</li> </ul>	al policies for requesting leave,
	before your need for FMLA leave, or ble, give notice as soon as possible
	edical diagnosis but must provide enough information to your employer so they can determine whether the leave
qualifies for FMLA protection. Ye when requesting additional leave	ou <b>must also inform your employer if FMLA leave was previously taken</b> or approved for the same reason /e. <b>Your employer may request certification</b> from a health care provider to verify medical leave and may request
certification of a qualifying exige	ency. rederal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that
provides greater family or media	cal leave rights. State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for ons. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of
What does my employer need	
If you are eligible for FMLA leav	
<ul> <li>Allow you to take job-protecte</li> </ul>	ed time off work for a qualifying reason,
	lan coverage while you are on leave on the same basis as if you had not taken leave, and ne job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at
Your employer cannot interfe	<b>re with your FMLA rights</b> or threaten or punish you for exercising your rights under the law. For example, your Inst you for requesting FMLA leave or cooperating with a WHD investigation.
<ul><li>eligible or not eligible for FMLA</li><li>About your FMLA rights and r</li></ul>	
• •	leave, if any, will be FMLA-protected leave.
	ation? I.gov/fmla to learn more. If you believe your rights under the FMLA have been violated, you may file a complaint with ainst your employer in court. Scan the QR code to learn about our WHD complaint process.
	ional information: 1-866-4-USWAGE (1-866-487-9243) TTY: 1-877-889-5627 <u>www.dol.gov/whd</u>
	U.S. Department of Labor • Wage and Hour Division
	Updated 4/23
	USERRA
- E(	OR USE BY PRIVATE SECTOR AND STATE GOVERNMENT EMPLOYERS •
	R USERRA THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

# **Equal Employment Opportunity**

Know Your Rights: Workplace Discrimination is Illegal The U.S. Equal Employment Opportunity Commission (EEOC) enforces Federal laws that protect you from rimination in employment. If you believe you've been riminated against at work or in applying for a job, the C may be able to help.

#### o is Protected?

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nployees (current and former), including managers and porary employees b applicants ion members and applicants for membership in a union

at Organizations are Covered? ost private employers ate and local governments (as employers) lucational institutions (as employers) nions affing agencies

at Types of Employment Discrimination are Illegal? ler the EEOC's laws, an employer may not discriminate inst you, regardless of your immigration status, on the es of: ace olor ligion ational origin ex (including pregnancy and related conditions, sexual ntation, or gender identity) e (40 and older) sability enetic information (including employer requests for, urchase, use, or disclosure of genetic tests, genetic vices, or family medical history) etaliation for filing a charge, reasonably opposing rimination, or participating in a discrimination lawsuit. stigation, or proceeding. erference, coercion, or threats related to exercising ts regarding disability discrimination or pregnancy ommodation

at Employment Practices can be Challenged as criminatory? aspects of employment, including: scharge, firing, or lay-off arassment (including unwelcome verbal or physical duct) ring or promotion signment y (unequal wages or compensation) ilure to provide reasonable accommodation for a disability sincerelyheld religious belief, observance or practice nefits b training assification eferral otaining or disclosing genetic information of employees equesting or disclosing medical information of employees onduct that might reasonably discourage someone from osing discrimination, filing a charge, or participating in an stigation or proceeding. onduct that coerces, intimidates, threatens, or interferes someone exercising their rights, or someone assisting ncouraging someone else to exercise rights, regarding bility discrimination (including accommodation) or pregnancy accommodation

company with a Federal contract or subcontract, you are protected under Federal law from discrimination on the following bases:

#### Race, Color, Religion, Sex, Sexual Orientation, Gender Identity, National Origin

Executive Order 11246, as amended, prohibits employment discrimination by Federal contractors based on race, color, religion, sex, sexual orientation, gender identity, or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

#### Asking About, Disclosing, or Discussing Pay

Executive Order 11246, as amended, protects applicants and employees of Federal contractors from discrimination based on inquiring about, disclosing, or discussing their compensation or the compensation of other applicants or employees.

#### Disability

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals with disabilities from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment by Federal contractors. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship to the employer. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

#### **Protected Veteran Status**

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits employment discrimination against, and requires affirmative action to recruit, employ, and advance in employment, disabled veterans, recently separated veterans (i.e., within three years of discharge or release from active duty), active duty wartime or campaign badge veterans, or Armed Forces service medal veterans.

#### Retaliation

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination by Federal contractors under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under OFCCP's authorities should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP) U.S. Department of Labor 200 Constitution Avenue, N.W. Washington, D.C. 20210 1-800-397-6251 (toll-free)

If you are deaf, hard of hearing, or have a speech disability, please dial 7–1–1 to access telecommunications relay services. OFCCP may also be contacted by submitting a question online to OFCCP's Help Desk at https:// ofccphelpdesk.dol.gov/s/, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor and on OFCCP's "Contact Us" webpage at https://www.dol.gov/agencies/ofccp/contact.



### 1-800-321-OSHA (6742) • TTY 1-877-889-5627 • www.osha.gov

#### Employers subject to the **Federal Minimum Wage** state minimum wage law are ligated to pay the higher rate



Updated 7/24

Updated 4/2

\$7.25 PER HOUR BEGINNING JULY 24. 2009 The law requires employers to display this poster where employees can readily see it.

#### **OVERTIME PAY** At least 11/2 times the regular rate of pay for all hours worked over 40 in a workweek.

Starting July 1, 2024, most salaried workers who earn less than \$844 per week will become eligible for overtime pay under the final rule. And on Jan. 1, 2025, most salaried workers who make less than \$1,128 per week will become eligible for overtime pay. As these changes occur, job duties will continue to determine overtime exemption status for most salaried employees

#### CHILD LABOR

An employee must be at least 16 years old to work in most non-farm jobs and at least 18 to work in non-farm jobs declared hazardous by the Secretary of Labor. Youths 14 and 15 years old may work outside school hours in various non-manufacturing, non-mining, non-hazardous jobs with certain work hours restrictions. Different rules apply in agricultural employment.

#### TIP CREDI

Employers of "tipped employees" who meet certain conditions may claim a partial wage credit based on tips received by their employees. Employers must pay tipped employees a cash wage of at least \$2.13 per hour if they claim a tip credit against their minimum wage obligation. If an employee's tips combined with the employer's cash wage of at least \$2.13 per hour do not equal the minimum hourly wage, the employer must make up the difference.

#### NURSING MOTHERS (PUMP AT WORK)

The FLSA requires employers to provide reasonable break time for a nursing employee to express breast milk for their nursing child for one year after the child's birth each time the employee needs to express breast milk. Employers must provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by the employee to express breast milk

#### ENFORCEMENT

The Department has authority to recover back wages and an equal amount in liquidated damages in instances of minimum wage, overtime, and other violations. The Department may litigate and/or recommend criminal prosecution. Employers may be assessed civil money penalties for each willful or repeated violation of the minimum wage or overtime pay provisions of the law. Civil money penalties may also be assessed for violations of the FLSA's child labor provisions. Heightened civil money penalties may be assessed for each child labor violation that results in the death or serious injury of any minor employee, and such assessments may be doubled when the violations are determined to be willful or repeated. The law also prohibits retaliating against or discharging workers who file a complaint or participate in any proceeding under the FLSA.

#### ADDITIONAL INFORMATION:

Certain occupations and establishments are exempt from the minimum wage, and/or overtime pay provisions. Certain narrow exemptions also apply to the pump at work requirements

Special provisions apply to workers in American Samoa, the Commonwealth of the Northern Mariana Islands, and the Commonwealth of Puerto Rico. Some state laws provide greater employee protections; employers must comply with both.

Some employers incorrectly classify workers as "independent contractors" when they are actually employees under the FLSA. It is important to know the difference between the two because employees (unless exempt) are entitled to the FLSA's minimum wage and overtime pay protections and correctly classified independent contractors are not.

 Certain full-time students, student learners, apprentices, and workers with disabilities may be paid less than the minimum wage under special certificates issued by the Department of Labor.

> 1-866-487-9243 • TTY: 1-877-889-5627 • www.dol.gov/whd WAGE AND HOUR DIVISION • UNITED STATES DEPARTMENT OF LABOR

# **Pregnant Workers Fairness Act (PWFA)**

WHAT IS PWFA? The Pregnant Workers Fairness Act (PWFA) is a federal law that requires covered employers to provide "reasonable accommodations" to a qualified worker's known limitations related to pregnancy, childbirth, or related nedical conditions, unless the accommodation will cause the employer an "undue hardship." An undue hardship is defined as causing significant

Breaks to eat and drink

difficulty or expense. "Reasonable accommodations" are changes to the work environment or the way things are usually done in order to remove work-related barriers.

#### WHAT ARE SOME POSSIBLE ACCOMMODATIONS FOR PREGNANT WORKERS?

Schedule changes or time off to go to health care appointments Extra bathroom breaks A chair or stool to sit on while working The ability to telework full or part-time A private place to pump breast milk Leave to recover from childbirth

Light duty WHAT OTHER FEDERAL EMPLOYMENT LAWS MAY APPLY TO PREGNANT

WORKERS? Other laws that apply to workers affected by pregnancy, childbirth, or related

discrimination based on sex, pregnancy, or other protected categories enforced by the U.S. Equal Employment Opportunity Commission (EEOC))

The Family and Medical Leave Act which provides unpaid leave for certain

Department of Labor) The PUMP Act which provides nursing mothers a time and private place to

Learn more at www.EEOC.gov/Pregnancy-Discrimination

#### USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

#### **REEMPLOYMENT RIGHTS**

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and: • you ensure that your employer receives advance written or verbal notice of your service; • you have five years or less of cumulative service in the uniformed services while with that particular employer; • you return to work or apply for reemploymer in a timely manner after conclusion of service; and • you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

#### **RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION**

If you: • are a past or present member of the uniformed service; • have applied for membership in the uniformed service; or • are obligated to serve in the uniformed service; then an employer may not deny you: • initial employment; • reemployment; • retention in employment; • promotion; or • any benefit of employment because of this status.

#### **HEALTH INSURANCE PROTECTION**

 If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. • Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for serviceconnected illnesses or injuries.

#### ENFORCEMENT

• The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations. • For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at https://www.dol.gov/agencies/vets/. An interactive online USERRA Advisor can be viewed at <u>https://webapps.dol.gov/elaws/vets/userra</u> • If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation. • You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: https://www.dol.gov/agencies/vets/programs/userra/poster Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



# **Polygraph Protection**

The Employee Polygraph Protection Act prohibits most private employers from using lie detector tests either for preemployment screening or during the course of employment.

#### PROHIBITIONS

Employers are generally prohibited from requiring or requesting any employee or job applicant to take a lie detector test, and from discharging, disciplining, or discriminating against an employee or prospective employee for refusing to take a test or for exercising other rights under the Act.

#### **EXEMPTIONS**

Federal, State and local governments are not affected by the law. Also, the law does not apply to tests given by the Federal Government to certain private individuals engaged in national security-related activities.

The Act permits polygraph (a kind of lie detector) tests to be administered in the private sector, subject to restrictions, to certain prospective employees of security service firms (armored car, alarm, and guard), and of pharmaceutical manufacturers,

#### What can You Do if You Believe Discrimination has Occurred?

Contact the EEOC promptly if you suspect discrimination. Do not delay, because there are strict time limits for filing a charge of discrimination (180 or 300 days, depending on where you live/work). You can reach the EEOC in any of the following ways:

Submit an inquiry through the EEOC's public portal: https:// publicportal.eeoc.gov/Portal/Login.aspx

Call 1-800-669-4000 (toll free) 1-800-669-6820 (TTY) 1-844-234-5122 (ASL video phone) **Visit** an EEOC field office (information at www.eeoc.gov/field-office) E-Mail info@eeoc.gov

Additional information about the EEOC, including information about filing a charge of discrimination, is available at www. eeoc.gov.

#### **EMPLOYERS HOLDING FEDERAL CONTRACTS OR** SUBCONTRACTS

The Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) enforces the nondiscrimination and affirmative action commitments of companies doing business with the Federal Government. If you are applying for a job with, or are an employee of, a PROGRAMS OR ACTIVITIES RECEIVING FEDERAL FINANCIAL ASSISTANCE

#### Race, Color, National Origin, Sex

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

#### Individuals with Disabilities

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

#### Updated 6/23

# **Workers' Compensation Senate Bill**

20 Miss. Admin. Code, Pt. 1, R. 2.20; Mississippi Workers' Compensation Commission Procedural Rule 20 (final text of the rule as it will appear for publication in the Administrative Code):

Rule 2.20 Filing of Pleadings and Other Documents. Except for the claimant's petition to controvert (in triplicate); proposed order for approval of settlement (original and three copies); and briefs to the Full Commission (original and two copies); only one copy of a pleading or other document is required to be filed at the Commission. Once a case is controverted, each party shall certify that he or she has sent a copy of the pleading or other document to each other party to the case.

Any document or pleading prepared by an attorney for a party shall contain the typed or printed name, official Mississippi Bar identification number, address, telephone number, facsimile number, and email address of the attorney. All pleadings and other documents filed with the Commission, including any stenographically reported depositions, shall be typed or printed on letter size (8-1/2" x 11") paper to conform with the Mississippi Rules of Civil Procedure and the Mississippi Rules of Appellate Procedure and shall contain the style of the case and Commission file number.

Any proposed order submitted to the Commission or Administrative Judge shall be signed by the party preparing the order, and where the proposed order is an agreed or joint order, such as an order approving settlement, it must be signed and approved by an attorney or other legal representative for each party.

This Rule shall be in force and effect on and after November 1, 2012.

Updated 6/2

#### 20 Miss. Admin. Code, Pt. 1, R. 2.21; Mississippi Workers' Compensation Commission Procedural Rule 21 (final text of the rule as it will appear for publication in the Administrative Code):

Rule 2.21 Address and Phone of Parties. Every party to a controverted or non-controverted case must keep the Commission informed of their current address and telephone number. Attorneys representing a party in any such case shall also keep the Commission informed of their current address, telephone number, facsimile number, and email address. The most recent contact information on file with the Commission shall be presumed correct unless the Commission is notified otherwise in writing.

This Rule shall be in force and effect on and after November 1, 2012.

#### 20 Miss. Admin. Code, Pt. 1, R. 1.7(B)(10)(a); Mississippi Workers' Compensation Commission General Rule 7(B)(10) (a); (final text of the rule as it will appear for publication in the Administrative Code): (10) Payment of Premium.

a. Each group self-insurer shall establish to the satisfaction of the Commission a premium payment plan which shall include either (1) an annual payment by each member of at least 25% of that member's annual premium before the start of the group self-insurer's fund year and (2) payment of the balance of each member's annual premium in monthly or quarterly installments. Alternatively, a payment plan may allow any member(s) to make an initial deposit payment equal to 10% of that member's then annual premium, which 10% deposit payment shall be held by the group self insurer as a permanent deposit. The member's

## medical conditions, include: Title VII of the Civil Rights Act of 1964 which prohibits employment The Americans with Disabilities Act (The ADA) which prohibits employme liscrimination based on disability (enforced by the EEOC) workers for pregnancy and to bond with a new child (enforced by the U.S. pump at work (enforced by the U.S. Department of Labor)

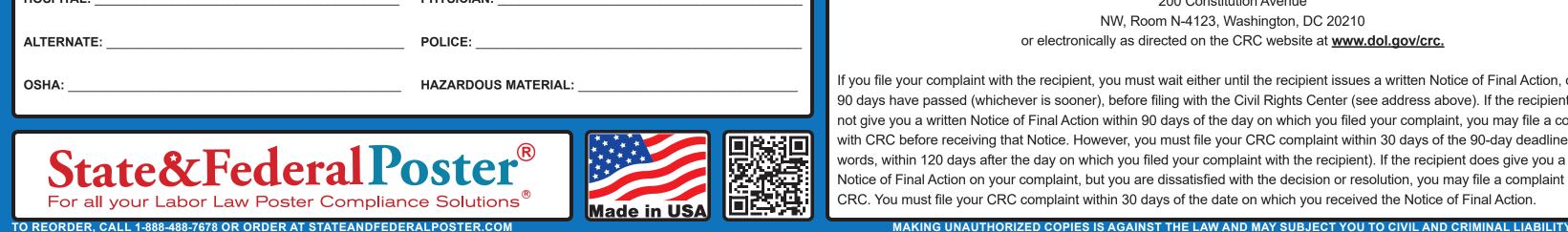
IRS Wit	hholding	The Act also permits polygraph testing, subject to restrictions, of certain employees of private firms who are reasonably	entire annual premium, exclusive of the 10% deposit, may be paid annually, or in monthly or quarterly installments. This Rule shall be in force and effect on and after November 1, 2012.
YOU MAY NEED TO CHECK YOUR WITHHOLDING Since you last filed Form W-4 with your employer did you Marry or divorce? Gain or lose a dependent? Change your name? Were there major changes to	<b>If you can answer "yes"</b> To any of these or you owed extra tax when you filed your last return, you may need to file a new Form W-4. See your employer for a copy of Form W-4 or call the IRS at 1-800-829-3676. Now is the time to check your withholding. For more details, get Publication 919, How Do I Adjust My Tax Withholding?, or use the Withholding Calculator at www.irs.gov/individuals on the IRS website.	suspected of involvement in a workplace incident (theft, embezzlement, etc.) that resulted in economic loss to the employer. The law does not preempt any provision of any State or local law or any collective bargaining agreement which is more restrictive with respect to lie detector tests.	Mississippi Workers' Compensation Medical Fee Schedule, Dispute Resolution Rules II. (Final text of the rule as it will appear for publication in the Medical Fee Schedule): II. FORMS AND DOCUMENTATION A. Valid requests for resolution of a dispute must be submitted on the "Request for Resolution of Dispute" form (in the Forms
Your nonwage income (interest, dividend, capital gains, etc.)? Your family wage income (you or your spouse started or ended a job)? Your itemized deductions? Your tax credits?	Employer: Please poster or publish this Bulletin Board Poster so that your employees will see it. Please indicate where they can get forms and information on this subject. Updated 1/17	<b>EXAMINEE RIGHTS</b> Where polygraph tests are permitted, they are subject to numerous strict standards concerning the conduct and length of the test. Examinees have a number of specific rights, including the right to a written notice before testing, the right to refuse or discontinue a test, and the right not to have test results disclosed to unauthorized persons.	section) along with the following: 1. Copies of the original and resubmitted bills in dispute that include dates of service, procedure codes, charges for services rendered and any payment received, and an explanation of any unusual services or circumstances;
Unemploym	ent Insurance	ENFORCEMENT	<ol> <li>EOR including the specific reimbursement;</li> <li>Supporting documentation and correspondence;</li> </ol>
Unemployment Insurance Unemployment Insurance for Employees You may file a UI claim with the Mississippi Department of		The Secretary of Labor may bring court actions to restrain violations and assess civil penalties against violators. Employees or	<ul><li>4. Specific information regarding contact with the payer; and</li><li>5. Any other information deemed relevant by the applicant for dispute resolution.</li></ul>
IMPORTANT	Employment Security (MDES) in the first week that employment stops or work hours are reduced.	job applicants may also bring their own court actions.	B. A request for Resolution of Dispute must be submitted to:
This employer is registered with the Mississippi Department of Employment Security, and the employees are covered by Unemployment Insurance. This insurance is carried to protect you in case you become	<ul> <li>TO FILE AN UNEMPLOYMENT CLAIM:</li> <li>Visit our website at MDES.MS.GOV</li> <li>Call MDES at 601-493-9427, Monday through Friday from 8 a.m. to 5 p.m. Call wait time may be longer during peak hours and accordent</li> </ul>	THE LAW REQUIRES EMPLOYERS TO DISPLAY THIS POSTER WHERE EMPLOYEES AND JOB APPLICANTS CAN         READILY SEE IT. 1-866-487-9243 • TTY: 1-877-889-5627 www.dol.gov/whd         WAGE AND HOUR DIVISION	Mississippi Workers' Compensation Commission Cost Containment Division 1428 Lakeland Drive P.O. Box 5300
unemployed through no fault of your own.	<ul> <li>and seasons.</li> <li>Email questions to contact-center@mdes.ms.gov</li> </ul>	UNITED STATES DEPARTMENT OF LABOR	Jackson, MS 39296-5300
Nothing is deducted from your pay to cover its cost.	THE FOLLOWING INFORMATION WILL BE NEEDED TO COMPLETE YOUR CLAIM BY PHONE:	Updated 8/16	C. A party, whether payer, provider, patient, or any representative of such parties, shall certify that a copy of the Request for Resolution of Dispute, and any supporting documentation, being filed with the Commission has been provided to the other
MISSISSIPPI DEPARTMENT of EMPLOYMENT SECURITY	<ul> <li>Full legal name;</li> <li>Social Security Number;</li> <li>Driver's License Number or State Issued Identification number;</li> </ul>	<b>Discrimination</b> EQUAL OPPORTUNITY IS THE LAW	interested parties or their representatives by personal delivery, United States Mail, facsimile or other electronic submission guaranteed to accomplish receipt, simultaneously with the filing to the Commission. This requirement shall also apply when a party files a request seeking review of a dispute by the Commission.
An equal opportunity employer and program, MDES has auxiliary aids and services available upon request to those with disabilities.	<ul> <li>Alien Registration Number or Visa Number if you are not a U.S. citizen;</li> </ul>	It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual	Effective on and after November 1, 2012.
Those needing TTY assistance may call 800-582-2233. Funded by the U.S. Department of Labor through the Mississippi Department of Employment Security.	<ul> <li>Names and addresses of employers you worked for in the last eighteen (18) months</li> <li>The dates you worked and the reason you are no longer</li> </ul>	in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of	Workers' Compensation
Employer: Please Post in a Conspicuous Place Extra Copies on Request	working for each employer If you experience issues or need more information about filing a UI	the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title	MISSISSIPPI WORKERS' COMPENSATION NOTICE OF COVERAGE
NOTICE TO EMPLOYEES Availability of Unemployment Compensation	claim, you can quickly find the answers to most questions on our website under <b>FREQUENTLY ASKED QUESTIONS</b> .	I-financially assisted program or activity. The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA	I. Please take notice that your Employer is in compliance with the requirements of the Mississippi Workers' Compensation Law, and [select one] [has been approved by the Mississippi Workers' Compensation Commission to act as a self-insurer], or [maintains workers' compensation insurance coverage with the following:]
Unemployment Insurance (UI) benefits are available to workers who are unemployed and who meet the requirements of UI	To file a UI claim online visit: <b>MDES.MS.GOV</b> To file a UI claim by phone call: 601-493-9427	Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.	
eligibility laws for the state of Mississippi.	MDES Communications 04092024 Updated 6/24	Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with	(Name of insurance carrier or self-insurance group)
Payday	y Notice	disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.	
PAYD	AY IS ON	WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION	(address & telephone number)
	THURSDAY 🗖 FRIDAY 🗖 SATURDAY 🗖 SUNDAY	If you think that you have been subjected to discrimination under a WIOA Title I–financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer	II. Individual workers' compensation claims will be submitted to and processed by:
WEEKLY     BI-WEEKLY     SEMI-MONTHLY     MONTHLY		(or the person whom the recipient has designated for this purpose);	(Name of third party claims administrator or claims office)
PAYCHECKS ARE ISSUED ON THE	AND OF THE MONTH	State-level WIOA Equal Opportunity Officer <u>Mississippi Department of Employment Security</u>	
ΔΤ·	TIME:	P.O. Box 1699, Jackson, MS 39215-1699	
	_ 1 IIVIL	Phone: 601-321-6021 Email: eo@mdes.ms.gov	(address & phone number)
	icy Notice	Fax: 601-321-6037 TDD: 800-582-2233	III. This workers' compensation coverage is effective for the following period:
Emergen		or	to
AMBULANCE:	FIRE-RESCUE:	Director, Civil Rights Center (CRC)	
		U.S. Department of Labor	N/ All is harden a initial second should be repeated as as a second state or minute distances with a second state of the secon

HOSPITAL

**PHYSICIAN:** 

200 Constitution Avenue

IV. All job related injuries or illnesses should be reported as soon as possible to your immediate supervisor, or to the person



NW, Room N-4123, Washington, DC 20210

or electronically as directed on the CRC website at www.dol.gov/crc.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

sted below

(Name of employer contact person)

#### (Title & Department/Division)

V. 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. 2001 M.W.C.C. Notice of Coverage Form

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#### **MISSISSIPPI WORKERS' COMPENSATION NOTICE OF COVERAGE**

I. Please take notice that your Employer is in compliance with the requirements of the Mississippi Workers' Compensation Law, and maintains workers' compensation insurance coverage with the following:

THE TRAVELERS INSURANCE COMPANIES

(Name of insurance carrier or self-insurance group)

ONE TOWER SQUARE HARTFORD, CT 06183

> (800) 238-6225 (address & telephone number)

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

TRAVELERS

(Name of third party claims administrator or claims office)

P.O. BOX 4614 BUFFALO, NY 14240-4614

(800) 238-6225

(address & telephone number)

- III. This workers' compensation coverage is effective for the following period: <u>08-24-24</u> to <u>08-24-25</u>
- **IV.** All job related injuries or illnesses should be reported as soon as possible to your immediate supervisor, or to the person listed below:

(Name of employer contact person)

(Title & Department/Division)

V. 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.

2001 M.W.C.C. Notice of Coverage Form



#### COMPENSACIÓN AL TRABAJADOR DE MISSISSIPPI

# NOTIFICACIÓN DE COBERTURA

I. Por favor tome nota que su Empleador está en cumplimiento con los requisitos de la Ley de Compensación al Trabajador de Mississippi, y mantiene seguro de compensación al trabajador con el siguiente:

THE TRAVELERS INSURANCE COMPANIES

(Nombre del asegurador o grupo de seguro propio)

ONE TOWER SQUARE HARTFORD, CT 06183

(800) 238-6225

(dirección y número de teléfono)

II. Los reclamos individuales de compensación al trabajador serán entregados y procesados por:

TRAVELERS

(Nombre del administrador de reclamos de terceros u oficina de reclamos)

P.O. BOX 4614 BUFFALO, NY 14240-4614

(800) 238-6225

(dirección y número de teléfono)

III. Esta cobertura de compensación al trabajador está en vigencia durante el siguiente periodo:

08-24-24 Hasta 08-24-25

**IV.** Todas las lesiones o enfermedades laborales deben ser reportadas tan pronto como sea factible a su supervisor inmediato, o a la siguiente persona:

(Nombre de la persona de contacto del empleador)

(Título y departamento o división)

V. Por favor tenga presente que cualquier persona que intencionalmente hace cualquier declaración o representación falsa o engañosa con el propósito de obtener o retener erróneamente cualquier beneficio o pago bajo la Ley de Compensación al Trabajador de Mississippi puede ser acusado de infracción de Miss. Code Ann. §71-3-69 (Rev. 2000) y al ser condenado será sujeto a las penas provistas en ella.

Monthly Fee	Per Purchase	ATMWithdrawal	Cash Reload
N/A	\$0	<b>\$0</b> In-Netwo	ork N/A
		\$1.75 Out-of-Ne	etwork
ATM Balance Inquiry (Ir	n-Network and Out-of-Networ	ſk)	\$0.75*
Customer Service			\$0
Inactivity (After 180 days with no transactions)			\$5.00 per month*
We charge 13 other ty	pes of fees.		

For general information about prepaid accounts, visit *cfpb.gov/prepaid*. Find details and conditions for all fees and services in the card packet.

The PaychekPLUS!<sup>®</sup> Elite Visa<sup>®</sup> Payroll Card is issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC.

Program Number 54718983 / 06-20

All Fees	Amount	Details
Get Cash ATM Withdrawal (Out-of- Network)	\$1.75	This is our fee for each Out-of-Network ATM Withdrawal. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. We do not charge for In- Network ATM Withdrawals. Allpoint ATM Networks are "In-Network" for you, and can be used without incurring a fee. All other ATMs are "Out-of-Network". In-Network ATM
ATM Withdrawal Decline	\$0.75	locations can be found at <u>allpointnetwork.com</u> . This is our fee for each In-Network or Out-of-Network ATM Withdrawal Decline. You may
(In-Network and Out-of- Network)		also be charged a fee by the ATM operator, even if you do not complete a transaction. Allpoint ATM Networks are "In-Network" for you, and all other ATMs are "Out-of- Network". For Connecticut, Illinois, and New York workers, this fee is waived.
Teller Assisted Cash Withdrawal Decline	\$0.50	This fee is charged each time your Teller Assisted Cash Withdrawal is declined for insufficient funds. For <b>Connecticut</b> and <b>Illinois</b> workers, this fee is waived.
Spend Money		
Purchase Decline	\$0.50	This fee is charged each time a purchase transaction is declined for insufficient funds. For <b>Connecticut</b> and <b>Illinois</b> workers, this fee is waived.
Information	<b>\$0.7</b> 5	This is surfactor each ATM Delence Incuing Variance les de charged a factor the ATM
ATM Balance Inquiry (In-Network and Out-of- Network)	\$0.75	This is our fee for each ATM Balance Inquiry. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. For <b>New York</b> workers, the fee for In-Network ATM Balance Inquiries is waived.
ChekToday Services		
Expedited Check Order	\$35.00	This fee is charged for expediting the mailing of your Check Order. You may avoid this fee by choosing Standard Check Order.
Check Return	\$25.00	This fee is charged each time a check is returned for insufficient funds.
Check Copy	\$10.00	This fee is charged each time a copy of a check is requested.
Check Stop Payment	\$25.00	This fee is charged when a stop payment is placed on a check (including lost or stolen checks).
Using Your Card Outside	the U.S.	
International Purchase	\$1.00	This fee is charged for each International Purchase. For <b>Connecticut</b> , <b>Illinois</b> , <b>New York</b> , <b>and Pennsylvania</b> workers, this fee is waived. Network operators may charge additional fees for international transactions and/or currency conversion.
International Purchase Decline	\$0.75	This fee is charged each time an International Purchase is declined for insufficient funds. For <b>Connecticut</b> and <b>Illinois</b> workers, this fee is waived. Network operators may charge additional fees for international transactions and/or currency conversion.
International ATM Withdrawal	\$3.50	This is our fee charged for each International ATM Withdrawal Transaction. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. Network operators may charge additional fees for international transactions and/or currency conversion.
International ATM Withdrawal Decline	\$1.00	This is our fee charged for each International ATM Withdrawal Decline. For <b>Connecticut, Illinois, and New York</b> workers, this fee is waived. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. Network operators may charge additional fees for international transactions and/or currency conversion.
International ATM Balance Inquiry	\$1.00	This is our fee for each International ATM Balance Inquiry. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
Third-Party Fees		
Check Reload (Third Party) Ingo Money	5%	This is not our fee and is subject to change. Money in 10 Days - no fee. Fee of up to 5% of check value may apply when cashing a check to load your card at Ingo Money. Money in Minutes - 2% (pre-printed payroll or gov't checks) or 5% (all other checks), minimum \$5.00. Fee is deducted from check value. Go to ingomoney.com for more information. This information was accurate as of 06/23/2020.

Continued on next page

Other		
Custom Card Order	\$4.95	This fee is charged if you elect to create custom card. You may avoid this fee by keeping your standard card.
Expedited Handling of Card Replacement	\$25.00	This is our fee for expediting the mailing of your replacement card (3-5 business days). You may avoid this fee by choosing Standard Card Replacement.
Inactivity (After 180 days with No Transactions)	\$5.00	This fee will be charged during each month in which there have been no cardholder- initiated, balance changing transactions during the preceding 180 days. You can avoid this fee by initiating at least 1 balance changing transaction every 180 days. For <b>Connecticut</b> , <b>Illinois</b> , and <b>Pennsylvania</b> workers, the Inactivity fee will be charged during each month in which there has been no cardholder-initiated, balance changing transactions for the prior 12 months. For cardholders with a <b>Texas</b> residential address, the Inactivity fee will not be charged after card has been inactive for more than 12 months. For <b>Minnesota</b> and <b>New York</b> workers this fee is waived. For <b>Hawaii</b> workers, accounts with a balance of \$0.00 and no activity for more than six (6) months will be closed.
U.S. Postal Service Money Order Rebate	N/A	Once per pay period, you will receive an automatic rebate of the USPS money order fee. The rebate will be applied to your account at the time of your money order purchase.
Your funds are eligible for EDIC insuran	ce Your funds	will be held at or transferred to The Bancorn Bank, an EDIC-insured institution. Once there, your funds are insured up to

Your funds are eligible for FDIC insurance. Your funds will be held at or transferred to The Bancorp Bank, an FDIC-insured institution. Once there, your funds are insured up to \$250,000 by the FDIC in the event The Bancorp Bank fails, if specific deposit insurance requirements are met. See *fdic.gov/deposit/d* 

#### No overdraft/credit feature.

Contact Cardholder Services by calling **1-877-889-0050** by mail at **Cardholder Services**, **P.O. Box 551617**, **Jacksonville**, **FL 32255** or visit *paychekplus.com*. For general information about prepaid accounts, visit *cfpb.gov/prepaid*. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit *cfpb.gov/complain*t.

This list of fees supersedes and replaces the fee schedule and Cardholder Agreement Supplement referenced in your Cardholder Agreement.

03263-36-73 / 08-20

Usted no tiene que aceptar esta tarjeta de nómina. Pregunte a su empleador sobre otras maneras de recibir su sueldo.			
Cargo Mensual <b>N/A</b>	Por Compra <b>\$0</b>	Retiro de Fondos en ATM \$0 Dentro de la Red \$1.75 Fuera de la Red	Recarga de Efectivo <b>N/A</b>
Consulta de Saldo en ATM (Dentro o Fuera de la Red)			\$0.75*
Servicio de Atención al Cliente			\$0
Inactividad (después de 180 días sin transacciones)			\$5.00 por mes*
Cobramos otros 13 tip	oos de cargos.		
en el que reside o trabaja.	neras de acceder a su paç rédito.	a diferente, dependiendo de cómo y dón go sin cargos se encuentra en el paquet	, ,
Para obtener información general sobre cuentas prepagadas, visite <i>cfpb.gov/prepaid.</i> Encuentre detalles y condiciones de todos los cargos y servicios en el paquete de la tarjeta.			
a Tarjeta de Nómina PaychekPLUS he Bancorp Bank, Miembro FDIC.	!® Elite Visa® es emitida por 7	The Bancorp Bank, Miembro FDIC, conform	e a una licencia de Visa U.S.A. Inc.

Controles del idioma inglés. Esta traducción se provee para su conveniencia. Los significados de términos, condiciones y representaciones contenidas en este material están sujetos a definiciones e interpretaciones del idioma inglés. Es posible que la traducción no represente precisamente la información original en inglés.

Número de Programa 54718983 / 06-20

Todos los Cargos	Monto	Detalles
	MOIILO	
Retiros de Efectivo Retiro de Fondos en ATM (Fuera de la Red)	\$1.75	Este es nuestro cargo por cada Retiro de Fondos en ATM Fuera de la Red. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción. No cobramos cargos por Retiros de Fondos en ATM Dentro de la Red. Las Redes de ATM Allpoint se encuentran "Dentro de la Red" para usted y pueden usarse sin incurrir en cargos. Todos los demás ATM están "Fuera de la Red". Las ubicaciones de los ATM pueden encontrarse en: <u>allpointnetwork.com</u> .
Rechazo de Retiro de Fondos en ATM (Dentro y Fuera de la Red)	\$0.75	Este es nuestro cargo por cada Rechazo de Retiro de Fondos en ATM Dentro y Fuera de la Red. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción. Las Redes de ATM de <b>Allpoint</b> se encuentran " <b>Dentro de la Red</b> " para usted, y todos los demás ATM están " <b>Fuera de la Red</b> ". Este cargo no se cobra a los trabajadores de <b>Connecticut, Illinois</b> y <b>New York</b> .
Rechazo de Retiro de Efectivo con Personal de Ventanilla	\$0.50	Este cargo se cobra cada vez que su Retiro de Efectivo con Personal de Ventanilla se rechaza debido a fondos insuficientes. Este cargo no se cobra a los trabajadores de <b>Connecticut</b> e <b>Illinois</b> .
Gasto de Dinero		
Rechazo de Compra	\$0.50	Este cargo se cobra cada vez que una transacción de compra se rechaza por fondos insuficientes. Este cargo no se cobra a los trabajadores de <b>Connecticut</b> e <b>Illinois</b> .
Información Consulta de Saldo en ATM (Dentro y Fuera de la Red)	\$0.75	Este es nuestro cargo por cada Consulta de Saldo en ATM. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción. No se cobra el cargo por Consulta de Saldo de ATM Dentro de la Red a los trabajadores de <b>New York</b> .
Servicios ChekToday		
Pedido Expreso de Cheques		Este cargo se cobra por agilizar el envío postal de su Pedido de Cheques. Puede evitar este cargo eligiendo el Pedido de Cheques con Envío Estándar.
Devolución de Cheques	\$25.00	Este cargo se cobra cada vez que un cheque es devuelto debido a fondos insuficientes.
Fotocopia de Cheque	\$10.00	Este cargo se cobra cada vez que se solicita la fotocopia de un cheque.
Suspensión de Pago de Cheque	\$25.00	Este cargo se cobra cuando se solicita la suspensión de pago de un cheque (incluidos cheques extraviados o robados).
Uso de Su Tarjeta Fuera d	e los EE.	UU.
Compra Internacional	\$1.00	Este cargo se cobra por cada Compra Internacional. Este cargo no se cobra a los trabajadores de <b>Connecticut</b> , <b>Illinois</b> , <b>New York y Pennsylvania</b> .Es posible que los operadores de la red le cobren cargos adicionales por transacciones internacionales y/o por conversiones de moneda.
Rechazo de Compra Internacional	\$0.75	Este cargo se cobra cada vez que se rechaza una Compra Internacional debido a fondos insuficientes. Este cargo no se cobra a los trabajadores de <b>Connecticut</b> e <b>Illinois</b> . Es posible que los operadores de la red le cobren cargos adicionales por transacciones internacionales y/o por conversiones de moneda.
Retiro de Fondos en ATM Internacional	\$3.50	Este es nuestro cargo por cada Transacción de Retiro de Fondos en ATM Internacional. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción. Es posible que los operadores de la red le cobren cargos adicionales por transacciones internacionales y/o por conversiones de moneda.
Rechazo de Retiro de Fondos en ATM Internacional	\$1.00	Este es nuestro cargo por cada Rechazo de Retiro de Fondos en ATM Internacional. Este cargo no se cobra a los trabajadores de <b>Connecticut</b> , <b>Illinois</b> y <b>New York</b> . El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción. Es posible que los operadores de la red le cobren cargos adicionales por transacciones internacionales y/o por conversiones de moneda.
Consulta de Saldo en ATM Internacional	\$1.00	Este es nuestro cargo por cada Consulta de Saldo en ATM Internacional. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción.
Cargos de Terceros		
Recarga con Cheque (Terceros) Ingo Money	5%	Este cargo no es nuestro y está sujeto a cambios. Dinero en 10 Días: sin cargo. Se puede aplicar un cargo de hasta el 5% del valor del cheque cuando cobre un cheque para cargar su tarjeta en Ingo Money. Money in Minutes: 2% (cheques preimpresos de nómina o de gobierno) o 5% (todos los demás cheques), mínimo de \$5.00. El cargo se deduce del valor del cheque. Visite ingomoney.com para obtener más información. Esta información era precisa a 06/23/2020.

Continúa en la siguiente página

Otros		
Pedido de una Tarjeta Personalizada	\$4.95	Este cargo se cobra si elige crear una tarjeta personalizada. Puede evitar este cargo si mantiene su tarjeta estándar.
Reemplazo de Tarjeta con Envío Expreso	\$25.00	Este es nuestro cargo por agilizar el envío postal de su tarjeta de reemplazo (3 a 5 días hábiles). Puede evitar este cargo si elige el Reemplazo de Tarjeta con Envío Estándar.
Inactividad (después de 180 días Sin transacciones)	\$5.00	Este cargo se cobrará cada mes en que el titular de la tarjeta no haya iniciado transacciones que modifiquen el saldo durante los 180 días previos. Puede evitar este cargo al iniciar al menos 1 transacción que modifique el saldo cada 180 días. Para los trabajadores de <b>Connecticut</b> , <b>Illinois</b> y <b>Pennsylvania</b> , el Cargo por Inactividad se cobrará cada mes en que el titular de la tarjeta no haya iniciado transacciones que modifiquen el saldo durante los 12 meses previos. Para los titulares de tarjeta que tengan dirección residencial en <b>Texas</b> , el cargo por Inactividad no se cobrará después de que la tarjeta haya estado inactiva por más de 12 meses. Este cargo no se cobra a los trabajadores de <b>Minnesota</b> y <b>New York</b> . Para los trabajadores de <b>Hawaii</b> , las cuentas que tengan un saldo de \$0.00 y que no tengan actividad durante más de seis (6) meses se cerrarán.
Reembolso de Giro Postal de USPS	N/A	Una vez por período de pago, usted recibirá un reembolso automático del cargo por giro postal de USPS. El reembolso se aplicará a su cuenta al momento de la compra del giro postal.

Sus fondos son elegibles para el seguro FDIC. Sus fondos se conservarán en, o se transferirán a, The Bancorp Bank, que es una institución asegurada por la FDIC. Una vez allí, la FDIC asegurará sus fondos hasta \$250,000 en caso de que The Bancorp Bank no lo haga, si se cumplen los requisitos específicos del seguro de depósito. Consulte *fdic.gov/deposit/deposit/deposit/pepaid.html* para obtener detalles.

#### Sin prestación de sobregiro/crédito.

Comuníquese con Servicios para Titulares de Tarjetas llamando al **1-877-889-0050**, por correo a **Cardholder Services**, **P.O. Box 551617**, **Jacksonville**, **FL 32255** o visite *paychekplus.com*. Para obtener información general sobre cuentas prepagadas, visite *cfpb.gov/prepaid*. Si tiene alguna queja sobre una cuenta prepagada, llame a la Oficina para la Protección Financiera del Consumidor (Consumer Financial Protection Bureau) al 1-855-411-2372, o visite *cfpb.gov/complaint*.

Esta lista de cargos reemplaza la lista de cargos y el Anexo del Contrato del Titular de Tarjeta que se mencionan en su Contrato del Titular de Tarjeta.

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#### PRE-ENROLLMENT DISCLOSURE

Please review the following important information about the payroll card (the "Card") offered by your employer to you. You should also review the full list of the fees ("List of All Fees") and Cardholder Agreement, which are provided with this disclosure and which include additional information about card terms and fees as well as your rights and responsibilities associated with the Card.

**Payroll Options.** Your employer offers several options for receiving your pay, including direct deposit to the account of your choice, paper check, and a payroll card account. Use of a payroll card is voluntary; you are not required to accept your wages on a Card. Your employer must provide you with details on your other pay options. You may change the method by which you receive your pay at any time. Please ask your employer about how to change your pay method.

Access to Your Wages at No Charge. There are several ways to access your pay from your Card without incurring fees including withdrawals at In-Network ATMs, Teller Assisted Cash Withdrawals at member banks, and U.S. Postal Service money order purchases. While your Card offers many services at no cost, some transactions or services may have fees. The brochure included with your Card provides examples of how to maximize these no cost transactions. Withdrawal limits are in place to protect you from potential fraud. In the event your withdrawals exceed the daily withdrawal limits and you would like to withdraw all your funds, please contact Cardholder Services by calling the number on the back of your Card.

**Payroll Card Fees**. There are no fees for enrolling and participating in the program or receiving and activating your first Card. There are also no overdraft fees associated with your Card. This Card is a prepaid card and does not have overdraft protection features available. You may not be charged any fees by the issuer of the Card or your employer other than those listed on the List of All Fees.

The List of All Fees contains the list of fees that you may incur when accessing cash or using your Card. Please retain the List of All Fees so you can refer to it in the future. Third-parties, like ATM operators, loading networks and mobile carriers, may charge you additional fees when you use their services. Foreign transactions may carry fees and are subject to change. See the List of All Fees.

How to Access Your Account Balance. You can obtain balance and transaction information about your Card by calling Cardholder Services at the number on the back of your Card, or by visiting the website listed on the back of your Card. You can use these services 24-hours a day, 7 days a week without cost. You also can sign up to receive email or text alerts with information about your account balance at the website listed on the back of your Card or via the Prepaid CardConnect Mobile App. Message and Data Rates May Apply.

How to Access Transaction Histories. You may view a 12-month history of your Card transactions electronically or request a 24-month written history of your Card transactions by visiting the website listed on the back of your Card or by calling Cardholder Services at the phone number listed on the back of your Card. You may also request monthly statements at no cost.

**Closing Your Payroll Card Account.** You may close your Card account by calling Cardholder Services at the phone number on the back of your Card. When you close your Card account, you may request the remaining balance be paid to you by check. You will not be charged a fee for closing your Card account or receiving your balance by check. You will be responsible for all applicable fees associated with any transactions you authorized prior to closing the Card account.

**Replacement Card.** You will also be sent a replacement card before the expiration date listed on your Card. Standard Card Replacements are provided at no cost to you. Check your List of All Fees to see if other fees such as expedited shipping may apply.

Additional Disclosures for Minnesota Workers: You should receive a copy of the signed written consent from your employer, and the consent must include the terms and conditions of the payroll card account option. If your employer offers a payroll card to you using materials in a language other than English, all disclosures, written consent, and payroll card account agreements must be in that other language. You may request to be paid in another way, using a form your employer must provide you. Your employer must begin payment using the new method within 14 days of receiving your request. Unless you consent in writing, information generated by your possession or use of the Card may only be used to process transactions and administer the Card.

Additional Disclosures for New Hampshire Workers: The written consent must include the terms and conditions of the payroll card account option. Your employer must provide written notice of any changes to the terms and conditions of the payroll card, including the itemized list of fees, and obtain your consent to continue paying your wages to Card after the change. Your employer is responsible for any increase in fees charged before written notice of the change is provided to you.

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#### DIVULGACIÓN DE PREINSCRIPCIÓN

Revise la siguiente información importante acerca de la tarjeta de nómina (la "Tarjeta") que le ofrece su empleador. Usted también debe revisar la lista completa de cargos ("Lista de Todos los Cargos") y el Contrato del Titular de Tarjeta, provistos con esta divulgación, los cuales incluyen información adicional acerca de los términos y cargos de la tarjeta, así como también de sus derechos y responsabilidades asociadas con la Tarjeta.

**Opciones de Nómina.** Su empleador le ofrece varias opciones para recibir su pago, incluyendo depósito directo a la cuenta que elija, cheques impresos y una cuenta de tarjeta de nómina. El uso de la tarjeta de nómina es voluntario. No es obligatorio que acepte recibir sus sueldos en una Tarjeta. Su empleador debe proveerle detalles de sus otras opciones de pago. Puede cambiar en cualquier momento el método mediante el cual recibe su pago. Pregúntele a su empleador acerca de cómo cambiar su método de pago.

Acceso a Sus Sueldos Sin Cargo. Existen varias maneras de acceder a su pago desde su Tarjeta sin incurrir en cargos, incluyendo retiros de fondos en ATM Dentro de la Red, Retiros de Efectivo con Personal de Ventanilla en bancos que sean miembros y compras de giros postales en el Servicio Postal de los Estados Unidos. Aunque su Tarjeta ofrece muchos servicios sin costo, algunas transacciones o servicios pueden tener cargos. El folleto que se incluye con su Tarjeta provee ejemplos de cómo aprovechar al máximo estas transacciones sin costo. Los límites de retiros de fondos existen para protegerlo de posibles fraudes. En caso de que sus retiros excedan los límites diarios de retiros de fondos y que desee retirar todos sus fondos, contacte a Servicios para Titulares de Tarjetas llamando al número que aparece en el dorso de su Tarjeta.

**Cargos de la Tarjeta de Nómina**. No existen cargos por inscribirse y participar en el programa o por recibir y activar su primera Tarjeta. Tampoco existen cargos por sobregiros asociados con su Tarjeta. Esta Tarjeta es una tarjeta prepagada y no dispone de funciones de protección contra sobregiros. El emisor de la Tarjeta o su empleador no pueden cobrarle ningún cargo que no aparezca en la Lista de Todos los Cargos.

La Lista de Todos los Cargos contiene la lista de los cargos en los que puede incurrir al acceder a efectivo o al usar su Tarjeta. Conserve la Lista de Todos los Cargos para que pueda consultarla en el futuro. Terceros, como operadores de ATM, redes de carga y proveedores de telefonía móvil, podrían cobrarle cargos adicionales cuando utilice sus servicios. Las transacciones en el extranjero pueden tener cargos y están sujetas a cambios. Ver la Lista de Todos los Cargos.

**Cómo Acceder al Saldo de Su Cuenta**. Puede obtener información del saldo y transacciones de su Tarjeta llamando a Servicios para Titulares de Tarjetas al número que aparece en el dorso de su Tarjeta o visitando el sitio web que aparece en el dorso de su Tarjeta. Puede utilizar estos servicios gratuitamente las 24 horas al día, los 7 días de la semana. Para recibir alertas por correo electrónico o por mensajes de texto con información acerca del saldo de su cuenta, también puede inscribirse en el sitio web que aparece en el dorso de su Tarjeta o a través de la Aplicación Móvil Prepaid CardConnect. Es posible que se apliquen Cargos por Datos y Mensajes de Texto.

**Cómo Acceder a Historiales de Transacciones.** Puede ver un historial de 12 meses de las transacciones de su Tarjeta electrónicamente o solicitar un historial escrito de 24 meses de las transacciones de su Tarjeta visitando el sitio web que aparece en el dorso de su Tarjeta o llamando a Servicios para Titulares de Tarjetas al número de teléfono que aparece en el dorso de su Tarjeta. También puede solicitar estados de cuenta mensuales sin costo.

**Cierre de Su Cuenta de Tarjeta de Nómina**. Usted puede cerrar la cuenta de su Tarjeta llamando a Servicios para Titulares de Tarjetas al número que aparece en el dorso de su Tarjeta. Al cerrar la cuenta de su Tarjeta, puede solicitar que se le pague el saldo restante a través de un cheque. No se le cobrará ningún cargo por cerrar la cuenta de su Tarjeta o por recibir su saldo a través de un cheque. Usted será responsable de todos los cargos correspondientes asociados con cualquier transacción que autorizó antes del cierre de la cuenta de su Tarjeta.

Tarjeta de Reemplazo. También se le enviará una tarjeta de reemplazo antes de la fecha de vencimiento que aparece en su Tarjeta. Los Reemplazos de Tarjeta con Envío Estándar se proveen sin ningún cargo. Consulte su Lista de Todos los Cargos para ver si se aplican otros cargos como envío expreso.

Divulgaciones Adicionales para Trabajadores de Minnesota: su empleador debe proporcionarle una copia del consentimiento escrito firmado y este debe incluir los términos y condiciones de la opción de cuenta de tarjeta de nómina. Si su empleador le ofrece una tarjeta de nómina utilizando materiales en otro idioma que no sea inglés, todas las divulgaciones, el consentimiento escrito y los contratos de la cuenta de la tarjeta de nómina deben ser en ese otro idioma. Usted puede solicitar que se le pague por otro método, utilizando un formulario que su empleador le debe proporcionar. Su empleador debe iniciar los pagos utilizando el nuevo método dentro de 14 días de recibida su petición. A menos que usted lo consienta por escrito, la información generada por su posesión o uso de la Tarjeta solo puede utilizarse para procesar transacciones y administrar la Tarjeta.

Divulgaciones Adicionales para Trabajadores de New Hampshire: el consentimiento escrito debe incluir los términos y condiciones de la opción de cuenta de tarjeta de nómina. Su empleador debe proporcionar una notificación por escrito de cualquier cambio a los términos y condiciones de la tarjeta de nómina, incluida una lista detallada de los cargos, y debe obtener su consentimiento para continuar pagando sus sueldos mediante la Tarjeta una vez efectuado el cambio. Su empleador es responsable de cualquier incremento en los cargos cobrados antes de que se le haya proporcionado una notificación por escrito acerca del cambio.

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Controles del idioma inglés. Esta traducción se provee para su conveniencia. Los significados de términos, condiciones y representaciones contenidas en este material están sujetos a definiciones e interpretaciones del idioma inglés. Es posible que la traducción no represente precisamente la información original en inglés