

## 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 **[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:]

National Union Fire Insurance Company of Pittsburgh, PA

(Name of insurance carrier or self-insurance group)

1271 Avenue of the Americas 35th FLR, New York, NY 10020-1304

877-399-6442

(address & telephone number)

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

Meyer and Rosenbaum, Inc.

(Name of third party claims administrator or claims office)

1901 Front Street, Ste. A, Meridian, MS 39301

601-693-6141

(address & phone number)

III. This workers' compensation coverage is effective for the following period:  
June 16, 2023 to June 16, 2024.

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

always notify your Supervisor AND Tom Williams

(Name of employer contact person)

(President) or Donna Huffmaster (Office Manager)

(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.

# 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 **[seleccione uno]** ~~ha sido aprobado por la Comisión de Compensación al Trabajador de Mississippi para actuar como asegurador de sí mismo~~, o [mantiene seguro de compensación al trabajador con el siguiente:]

National Union Fire Insurance Company of Pittsburgh, PA

(Nombre del asegurador o grupo de seguro propio)

1271 Avenue of the Americas 35th Flr, New York, NY 10020-1304

877-399-6442

(dirección y número de teléfono)

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

Meyer and Rosenbaum, Inc.

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

1901 Front Street, Ste A, Meridian, MS 39301

601-693-6141

(dirección y número de teléfono)

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

June 16, 2023 hasta June 16, 2024.

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

always notify your Supervisor AND Tom Williams (President)

(Nombre de la persona de contacto del empleador)

or Donna Huffmaster (office Manager) 601-482-0364

(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.

## Donna Huffmaster

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**From:** Donna Huffmaster  
**Sent:** Friday, September 29, 2023 2:18 PM  
**To:** Tom Meek; Justin Dean; Debbie Zabinski; Paul Smith; Tiara Parker; John Acklen; Spencer Murray; Melissa Mathis  
**Cc:** Donna Huffmaster  
**Subject:** Workers Compensation Claims  
**Attachments:** WC Prescription.pdf; WC Claim Reporting.pdf; Medical Providers.pdf; Notice of Coverage 23-24.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Please add this information to the Workers Compensation/Labor Law posters in your area and keep a copy handy to give to any employee who becomes injured on the job. They will need to take this information with them to the medical provider. The attached form will need to be completed and sent to me ASAP so that I can submit it to the Workers Compensation insurance company. There is also a temporary prescription card attached (if needed), a list of medical providers, and an updated Notice of Coverage (poster).

Current Workers Compensation Policy Information:

**AIG Client:** 005505597

**AIG Account Number:** 7835275

**GB Client Number:** 030156 (for claim reporting)

**Policy Eff/Exp Date:** 06/16/23-06/16/24

**Policy Name:** The Meridian Airport Authority

**Policy Prefix:** WC

**Policy Number:** 12056875

**Issuing Company:** National Union Fire Insurance Company

Our local insurance company representative will also help you with your claim in any way that she can:

Paula Reeves

Claims Coordinator

1901 Front Street, Suite A

Meridian, MS 39301

Office: 601-693-6141

Fax: 601-485-1728

Meyer & Rosenbaum, Inc.

Your Insurance Leader

Thank you,

Donna

**Donna Huffmaster**

*Office Manager*

**Meridian Airport Authority**

2811A Airport Boulevard South

Meridian, MS 39307

[dhuffmaster@meridianairport.com](mailto:dhuffmaster@meridianairport.com)

# Workers' Compensation Medical Providers List

Prepared for:

2811A Airport Boulevard South  
Meridian, MS 39307

## EMPLOYEE NOTICE

ALL ACCIDENTS MUST BE REPORTED TO YOUR SUPERVISOR **IMMEDIATELY!**

FOR **WORK RELATED INJURIES**, MEDICAL SERVICES MAY BE OBTAINED FROM ONE OF THE MEDICAL FACILITIES LISTED BELOW:

If you require emergency medical treatment, go to the nearest hospital emergency room or urgent care facility.

### Medical Providers

#### **Rush Health Systems / Managed Health Care**

*Family Practice*  
2800 N Hills St  
Meridian, MS 39305  
601-693-9906

#### **†Newton Family Medical Associates**

*Family Practice*  
9097 Collinsville Rd  
Collinsville, MS 39325  
601-626-8874

### Hospitals

#### **Jeff Anderson Regional Medical Center**

*Hospital - General*  
2124 14th St  
Meridian, MS 39301  
601-553-6000

#### **Rush Foundation Hospital**

Rush Health Systems / Managed Health Care  
*Hospital - General*  
1314 19th Ave  
Meridian, MS 39301  
601-703-9393, 601-483-0011

### Pharmacies

AIG Claims, Inc. preferred Pharmacy PPO is myMatrixx. Please ask your Pharmacist to submit your prescription online.

WALGREENS

WALMART

KROGER PHARMACY

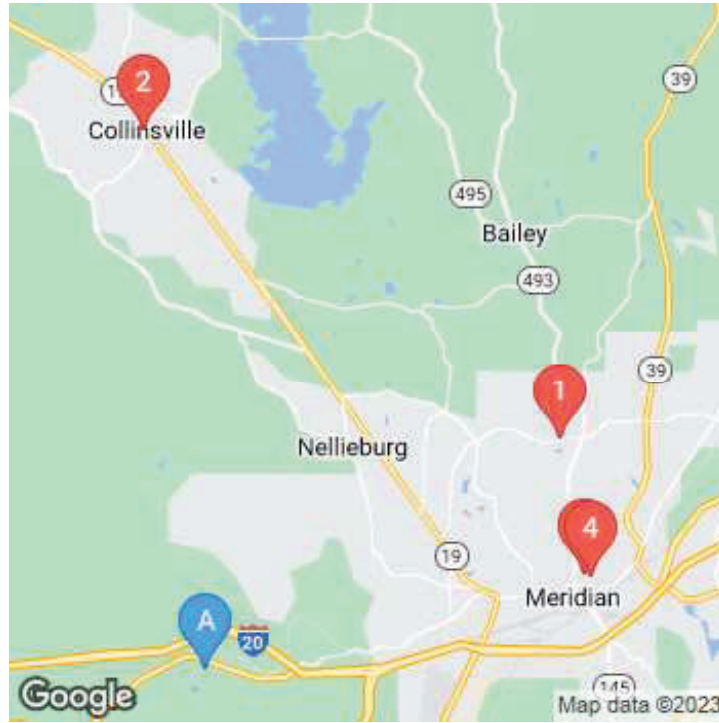
CVS ADVANCEDRX

HOLLIS DISCOUNT PHARMACY

If you come across any inaccuracies in the provider listing, please report them to us by contacting [mms@aig.com](mailto:mms@aig.com).



**2811A Airport Boulevard South  
Meridian, MS 39307**



# Fax/Email Cover Sheet

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Date:	[REDACTED]
Fax:	833-460-2359
Email:	AIGWCClaims@gbtpa.com
To:	<b>Gallagher Bassett Claims Reporting</b>
Re:	<b>FIRST REPORTS</b>
Pages (including cover):	[REDACTED]

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## REQUIRED INFORMATION (please print):

(Gallagher Bassett must have the following information in order to assist in the timely completion of the first report. Thank you.)

GB Client Number:	[REDACTED]	VDN	[REDACTED] N/A
GB Client Name:	[REDACTED]		
Insured Name	[REDACTED]		
Location/Unit:	[REDACTED]		
Indicate Report Type	<input checked="" type="checkbox"/> Workers' Compensation		
Claimant Name	[REDACTED]		
Claimant SS#	[REDACTED]		
Claimant Email Address	[REDACTED]		

### Answers to WC Supplemental Question

1. For which state are payroll taxes withheld for the employee?	[REDACTED]
2. Claimant Cell Number	[REDACTED]

## CLIENT CONTACT:

Name:	[REDACTED]
Phone Number:	[REDACTED]
Email Address:	[REDACTED]

# Workers' Compensation Claim Reporting Fax or Email Form



To report a claim, please fax: **833-460-2359** or email: **AIGWCClaims@gbtpa.com**.

**Note:** Any question with an asterisk (\*) is required information.

## Client Information

* Client Number	
* Client Name	

## Date and Time of Accident

* Incident Date		Incident Time	
* Employer Notified Date			

## Client Location

* Location Code					
* Client Name					
Street Address					
City		* State	Choose	ZIP	
Phone Number					

## Submitter/Preparer Information

Name	
Title	
Phone Number	
Email Address	

## Claimant Information

* Social Security Number					
* First Name		Middle Initial			
* Last Name					
Home Phone		Work Phone			
Street Address					
City		State	Choose	ZIP	
Email Address		Cell Phone			
Date of Birth		Marital Status		Choose	
Gender	Choose				



**Employment**

Occupation			
Employment Status			
*Date Hired			

**Wages**

Amount			
Frequency (hourly, salary, etc.)			

**Incident Information**

*Detailed Description of Incident			
Part and side of Body			
Injury Type			
Cause of Injury			
Date Last Worked		Date Returned to Work	
Date of Death (if applicable)			

**Medical Provider (Only if medical treatment rendered)**

Hospital/Clinic Name					
Street Address					
City		State	Choose	ZIP	
Phone Number					
Doctor Name					
Street Address					
City		State	Choose	ZIP	
Phone Number					

**Questions**

*Was outside medical treatment provided for the injured worker?	
*Will the injured worker lose time from work other than the day of injury?	
*For which state are payroll taxes withheld for the employee?	





**Accident Location** *(Enter SAME, if same as reporting location)*

Location Name					
Street Address					
City		*State	Choose	ZIP	
Client Premises?	Choose				

**Contact Information**

*First and Last Name	
*Phone	

**Additional Dissemination Information**

Who should receive an email confirmation for this loss?	
Email Address	

**Notes/Additional Comments** *(i.e., if there were witnesses or if this is for report only)*

Additional Remarks	
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# Occupational Injury Temporary Prescription ID Card



## To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved work-related injury prescriptions.

Questions or need assistance locating a participating retail network pharmacy? Call the myMatrixx Patient Care Contact Center at 844-276-2515.

## Atención Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 844-276-2515.

## To the Pharmacist:

myMatrixx, an Express Scripts company administers this occupational accident prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 30-day supply or a cost of \$500. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance, call myMatrixx at 844-276-2515.

## Pharmacy Processing Steps

Step 1: Enter bin number 003858

Step 2: Enter processor control WC

Step 3: Enter the group number as it appears above

Step 4: Enter the injured worker's nine-digit ID number

Step 5: Enter the injured worker's first and last name

Step 6: Enter the injured worker's date of injury

**myMatrixx**, an Express Scripts Company

**ID#:** \_\_\_\_\_

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

**Date of Injury:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM/DD/YYYY

**Group #:** 758A  
\_\_\_\_\_

**Employee Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Thank you** for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

*Please see other side for a list of participating retail network pharmacies.*

## To the Supervisor:

Please fill in the information requested for the injured worker.

## Employee Information

First M Last

Street Address or PO Box

City State ZIP

## Employer Name

# Occupational Injury Temporary Prescription ID Card

## Participating Retail Network Pharmacies

A & P	Drug Emporium	Longs Drug Store	Sav-On
Acme Pharmacy	Drug Fair	Major Value	Save Mart
Albertson's	Drug Town	Marsh Drugs	Schnucks
Albertson's/Acme	Drug World	Medic Discount	Scolari's
Albertson's/Osco	Eckerd	Medicap	Sedano
Albertson's/Sav-On	Econofoods	Medistat	Shaw's
Amerisource Bergen	EPIC Pharmacy	Meijer	Shop 'N Save
Anchor Pharmacies	Network	Minyard	Shopko
Arrow	FamilyMeds	NCS HealthCare	ShopRite
Aurora	Farm Fresh	Neighborcare	Snyder
Bartell Drugs	Farmer Jack	Network	Stop & Shop
Bigg's	Food City	Pharmaceuticals	Sun Mart
Bi-Lo	Food Lion	Northeast Pharmacy	Super Fresh
Bi-Mart	Fred's	Services	Super Rx
BJ's Wholesale Club	Gemmel	Osco	Target
Brooks	Giant	P & C Food Markets	Texas Oncology Srvs
Brookshire Brothers	Giant Eagle	Pamida	The Pharm
Brookshire Grocery	Giant Foods	Park Nicollet	Thrifty White
Bruno	Hannaford	Pathmark	Times
Carrs	Harris Teeter	Pavilions	Tom Thumb
Cash Wise	H-E-B	Price Chopper	Tops
Coborn's	Hi-School Pharmacy	Publix	Ukrop's
Costco	Hy-Vee	Quality Markets	United Drugs
Cub	Jewel/Osco	Raley's	United Supermarkets
CVS	Kash n Karry	Randalls	Vons
D&W	Keltsch	Rite Aid	Waldbaums
Dahl's	Kerr	Rosauers	Walgreens
Dierbergs	Kmart	Rx Express	Wal-Mart
Discount Drugmart	Knight Drugs	RXD	Wegmans
Doc's Drugs	Kroger	Safeway	Weis
Dominicks	LeaderNet (PSAO)	Sam's Club	Winn Dixie