NOTICE TO EMPLOYEES

Notice is hereby given that the undersigned employer has secured the payment of compensation under the provisions of the West Virginia Workers' Compensation Law.

The Worker's Compensation insurance carrier/administrator for

UNIVERSITY OF PITTSBURGH

(employer name) is:

THE TRAVELERS INSURANCE COMPANIES

(name of carrier/administrator)

P.O. BOX 4614

(mailing address)

BUFFALO, NY 14240-4614

(city, state, zip)

(800) 238-6225

(telephone number)

(Name of employer contact person)

This notice must be posted and maintained conspicuously in and about the employer's workplace as required by West Virginia law.

West Virginia law requires that you notify your employer **immediately** upon sustaining a workplace injury.