

TO BE POSTED BY EMPLOYER

POLICY NUMBER UB-7S19739A-21-N2-G

ISSUED TO: GREENSTATE CREDIT UNION

NOTICE TO EMPLOYEES

RE: ARIZONA WORKERS' COMPENSATION LAW

All employees are hereby notified that this employer has complied with the provisions of the Arizona Workers' Compensation Law (Title 23, Chapter 6, Arizona Revised Statutes) as amended, and all the rules and regulations of The Industrial Commission of Arizona made in pursuance thereof, and has secured the payment of compensation to employees by insuring the payment of such compensation with: **THE TRAVELERS INSURANCE COMPANIES.**

All employees are hereby further notified that in the event they do not specifically reject the provisions of the said compulsory law, they are deemed by the laws of Arizona to have accepted the provisions of said law and to have elected to accept compensation under the terms thereof; and that under the terms thereof employees have the right to reject the same by written notice thereof prior to any injury sustained, and that the blanks and forms for such notice are available to all employees at the office of this employer.

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PARA SER COLOCADO POR EL PATRON

NUMERO DE POLIZA UB-7S19739A-21-N2-G

AVISO A LOS EMPLEADOS

RE: LEY DE COMPENSACIÓN PARA LOS TRABAJADORES DE ARIZONA

A todos los empleados se les notifica por este medio que este patrón ha cumplido con las provisiones de la Ley de Compensación para los Trabajadores de Arizona (Título 23, Capítulo 6, Estatutos Enmendados de Arizona) tal como han sido enmendados, y con todas las reglas y ordenanzas de La Comisión Industrial de Arizona hechas en cumplimiento de ésta, y ha asegurado el pago de compensación a los empleados garantizando el pago de dicha compensación por medio de: **THE TRAVELERS INSURANCE COMPANIES**

Además, a todos los empleados se les notifica por este medio que en caso de que específicamente ellos no rechazan las disposiciones de dicha ley obligatoria, se les considerará bajo las leyes de Arizona de haber aceptado las provisiones de dicha ley y de haber escogido aceptar la compensación bajo estos términos; también bajo estos términos los empleados tienen el derecho de rechazar la misma por medio de una notificación por escrito antes de que sufran alguna lesión, todos los formularios o formas en blanco para tal notificación por escrito estarán disponibles para todos los empleados en la oficina de este patrón.

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**KEEP POSTED IN A CONSPICUOUS PLACE.
COLOQUESE EN LUGAR VISIBLE.**

REPORT OF SIGNIFICANT WORK EXPOSURE TO BODILY FLUIDS
(THIS IS NOT A CLAIM FORM)

Name

Last _____ First _____ M.I. _____ Social Security No. _____

Birth Date _____

1. _____ Phone No. _____

2. Address _____ City _____ State _____ Zip _____

3. Employer's or Firm's Full Name _____

Phone No. _____

4. Employer's or Firm's Address _____

5. Date of Exposure _____ Time of Exposure _____ A.M. _____ P.M.

6. Address or Location of Exposure _____

7. Job Title _____

8. State fully how exposure occurred (be specific) _____

SAMPLE FORM

Employers should obtain a supply of "REPORTING FORMS" from the Industrial Commission of Arizona. See "Notice to Employees" for address and phone number.

9. List all persons present at the exposure whom you can identify. _____

10. What bodily fluid were you exposed to?

Blood _____ Vaginal fluid _____ Any other fluid(s) containing blood (Describe) _____

Semen _____ Surgical fluid(s) _____

11. Who did the bodily fluid come from? _____

(Explain) _____

12. Are you aware of a break/rupture in the skin or mucous membrane at body location of exposure to bodily fluid and, if so, please describe.

13. Did exposure to bodily fluid take place through your (a) skin _____ or (b) mucous membrane? _____

14. What specific part(s) of your body was exposed to bodily fluid? _____

15. **NOTE: THIS REPORT MUST BE FILED WITH YOUR EMPLOYER NOT LATER THAN TEN (10) CALENDAR DAYS OF YOUR WORK EXPOSURE TO BODILY FLUIDS.**

OTHER REQUIRED STEPS:

- A. YOU MUST HAVE BLOOD DRAWN NO LATER THAN TEN (10) CALENDAR DAYS AFTER EXPOSURE.
- B. YOU MUST HAVE BLOOD TESTED FOR HIV BY ANTIBODY TESTING NO LATER THAN THIRTY (30) CALENDAR DAYS AFTER EXPOSURE AND TEST RESULTS MUST BE NEGATIVE.
- C. YOU MUST BE TESTED OR DIAGNOSED AS HIV POSITIVE NO LATER THAN EIGHTEEN (18) MONTHS AFTER THE EXPOSURE.
- D. YOU MUST FILE A WORKERS' COMPENSATION CLAIM WITH THE INDUSTRIAL COMMISSION OF ARIZONA NO LATER THAN ONE YEAR FROM THE DATE OF DIAGNOSIS OR POSITIVE BLOOD TEST IF YOU WISH TO RECEIVE BENEFITS UNDER THE WORKERS' COMPENSATION SYSTEM.

I HAVE FILED THIS FORM WITH MY EMPLOYER AND HAVE RECEIVED A COPY OF THIS COMPLETE FORM.

EMPLOYEE SIGNATURE: _____ DATE _____

THIS FORM APPROVED BY THE INDUSTRIAL COMMISSION OF ARIZONA
FOR CARRIER USE

EMPLOYER: KEEP WHITE ORIGINAL (NOTIFY CARRIER)

EMPLOYEE: KEEP YELLOW COPY

REPORT OF SIGNIFICANT WORK EXPOSURE TO BODILY FLUIDS
(THIS IS NOT A CLAIM FORM)

Name

Last _____ First _____ M.I. _____ Birth Date _____

1. _____ Phone No. _____

2. Address _____ City _____ State _____ Zip _____

3. Employer's or Firm's Full Name _____

4. Employer's or Firm's Address _____

5. Date of Exposure _____ Time of Exposure _____ A.M. _____ P.M.

6. Address or Location of Exposure _____

7. Job Title _____

8. State fully how exposure occurred (be specific) _____

SAMPLE FORM

Employers should obtain a supply of "REPORTING FORMS" from the Industrial Commission of Arizona. See "Notice to Employees" for address and phone number.

9. List all persons present at the exposure whom you can identify. _____

10. What bodily fluid were you exposed to?

Blood _____ Vaginal fluid _____ Any other fluid(s) containing blood (Describe) _____

Semen _____ Surgical fluid(s) _____

11. Who did the bodily fluid come from? _____

(Explain) _____

12. Are you aware of a break/rupture in the skin or mucous membrane at body location of exposure to bodily fluid and, if so, please describe.

13. Did exposure to bodily fluid take place through your (a) skin _____ or (b) mucous membrane? _____

14. What specific part(s) of your body was exposed to bodily fluid? _____

15. **NOTE: THIS REPORT MUST BE FILED WITH YOUR EMPLOYER NO LATER THAN TEN (10) CALENDAR DAYS OF YOUR WORK EXPOSURE TO BODILY FLUIDS.**

OTHER REQUIRED STEPS:

A. YOU MUST HAVE BLOOD DRAWN NO LATER THAN TEN (10) CALENDAR DAYS AFTER EXPOSURE.

B. YOU MUST HAVE BLOOD TESTED FOR HIV OR HEPATITIS C BY ANTIBODY TESTING NO LATER THAN THIRTY (30) CALENDAR DAYS AFTER EXPOSURE AND TEST RESULTS MUST BE NEGATIVE.

C. YOU MUST BE TESTED OR DIAGNOSED AS HIV POSITIVE NO LATER THAN EIGHTEEN (18) MONTHS AFTER THE EXPOSURE, OR TESTED AND DIAGNOSED AS POSITIVE FOR THE PRESENCE OF HEPATITIS C WITHIN SEVEN (7) MONTHS AFTER THE EXPOSURE.

D. YOU MUST FILE A WORKERS' COMPENSATION CLAIM WITH THE INDUSTRIAL COMMISSION OF ARIZONA NO LATER THAN ONE YEAR FROM THE DATE OF DIAGNOSIS OR POSITIVE BLOOD TEST IF YOU WISH TO RECEIVE BENEFITS UNDER THE WORKERS' COMPENSATION SYSTEM.

I HAVE FILED THIS FORM WITH MY EMPLOYER AND HAVE RECEIVED A COPY OF THIS COMPLETE FORM.

EMPLOYEE SIGNATURE: _____ DATE _____

THIS FORM APPROVED BY THE INDUSTRIAL COMMISSION OF ARIZONA
FOR CARRIER USE

EMPLOYER: KEEP WHITE ORIGINAL (NOTIFY CARRIER)

EMPLOYEE: KEEP COPY

WORK EXPOSURE TO BODILY FLUIDS

NOTICE TO EMPLOYEES

Re: Human Immunodeficiency Virus (HIV),
Acquired Immune Deficiency Syndrome (AIDS) & Hepatitis C

Employees are notified that a claim may be made for a condition, infection, disease, or disability involving or related to the Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or Hepatitis C within the provisions of the Arizona Workers' Compensation Law, and the rules of The Industrial Commission of Arizona. Such a claim shall include the occurrence of a significant exposure at work, which generally means contact of an employee's ruptured or broken skin or mucous membrane with a person's blood, semen, vaginal fluid, surgical fluid(s) or any other fluid(s) containing blood. **AN EMPLOYEE MUST CONSULT A PHYSICIAN TO SUPPORT A CLAIM.** Claims cannot arise from sexual activity or illegal drug use.

Certain classes of employees may more easily establish a claim related to HIV, AIDS, or Hepatitis C if they meet the following requirements:

1. The employee's regular course of employment involves handling or exposure to blood, semen, vaginal fluid, surgical fluid(s) or any other fluid(s) containing blood. Included in this category are health care providers, forensic laboratory workers, fire fighters, law enforcement officers, emergency medical technicians, paramedics and correctional officers.

2. **NO LATER THAN TEN (10) CALENDAR DAYS** after a possible significant exposure which arises out of and in the course of employment, the employee reports in writing to the employer the details of the exposure as provided by Commission rules. Reporting forms are available at the office of this employer or from the Industrial Commission of Arizona, 800 W. Washington, Phoenix, Arizona 85007, (602) 542-4661 or 2675 E. Broadway, Tucson, Arizona 85716, (520) 628-5188. If an employee chooses not to complete the reporting form, that employee may be at risk of losing a prima facie claim.

3. **NO LATER THAN TEN (10) CALENDAR DAYS** after the possible significant exposure the employee has blood drawn, and **NO LATER THAN THIRTY (30) CALENDAR DAYS** the blood is tested for **HIV OR HEPATITIS C** by antibody testing and the test results are negative.

4. **NO LATER THAN EIGHTEEN (18) MONTHS** after the date of the possible significant exposure at work, the employee is retested and the results of the test are HIV positive or the employee has been diagnosed as positive for the presence of HIV, or **NO LATER THAN EVEN (7) MONTHS** after the date of the possible significant exposure at work, the employee is retested and the results of the test are positive for the presence of Hepatitis C or the employee has been diagnosed as positive for the presence of Hepatitis C.

**KEEP POSTED IN CONSPICUOUS PLACE
NEXT TO WORKERS' COMPENSATION NOTICE TO EMPLOYEES**

THIS NOTICE APPROVED BY THE INDUSTRIAL
COMMISSION OF ARIZONA FOR CARRIER USE

EXPOSICION A FLUIDOS CORPORALES EN EL TRABAJO

AVISO A LOS EMPLEADOS

Re: El Virus de la Inmunodeficiencia Humana (VIH),
Síndrome de la Inmunodeficiencia Adquirida (SIDA) y Hepatitis C

Se les notifica a los empleados que se puede hacer una reclamación por una condición, infección, enfermedad o incapacidad relacionada con o derivada del Virus de Inmunodeficiencia Humana (VIE), Síndrome de Inmunodeficiencia Adquirida (SIDA), o Hepatitis C bajo lo provisto por la Ley de Compensación para los Trabajadores de Arizona y las reglas de La Comisión Industrial de Arizona. Tal reclamación debe incluir el suceso de una exposición importante en el trabajo, la que por lo general significa contacto de alguna ruptura de la piel o mucosa del empleado con la sangre, semen, fluido vaginal, fluido(s) quirúrgico(s) o cualquier otro fluido de una persona que contenga sangre. **EL EMPLEADO DEBE CONSULTAR A UN MEDICO PARA CONFIRMAR SU RECLAMACION.** Las reclamaciones no pueden resultar de actividad sexual o uso ilícito de drogas.

Ciertas clases de empleados pueden establecer más fácilmente una reclamación relacionada con el VIH, SIDA o Hepatitis C si reúnen los requisitos siguientes:

1. El curso regular del empleo del empleado requiere el manejo de o la exposición a sangre, semen, fluido vaginal, fluido(s) quirúrgico(s) o cualquier otro fluido que contenga sangre. Incluidos en esta categoría son los proveedores de cuidados de la salud, trabajadores de laboratorios forenses, bomberos, agentes policiales, técnicos médicos de emergencia, paramédicos y agentes correccionales.

2. **NO MAS DE DIEZ (10) DIAS DE CALENDARIO** después de una posible exposición importante que resulta de y en el curso de su trabajo, el empleado reporta a su patron por escrito los detalles de la exposición como lo proveen las reglas de la Comisión. Las formas de reporte están disponibles en la oficina de este patron o de la Comisión Industrial de Arizona, 800 W. Washington, Phoenix, Arizona 85007, (602) 542-4661 o 2675 E. Broadway, Tucson, Arizona 85716, (520) 628-5188. Si un empleado elige no llenar la forma de reporte, ese empleado corre el riesgo de perder una reclamación de prima facie.

3. **NO MAS DE DIEZ (10) DIAS DE CALENDARIO** después de una posible exposición importante el empleado va a que le saquen sangre, y **NO MAS DE TREINTA (30) DIAS DE CALENDARIO** la sangre es analizada para VIH O HEPATITIS C por medio de análisis de anticuerpos y el análisis resulta negativo.

4. **NO MAS DE DIECIOCHO (18) MESES** después de la fecha de la posible exposición importante en el trabajo, el empleado es examinado nuevamente y los resultados del análisis son positivos por VIH o el empleado ha sido diagnosticado como positivo por la presencia de VIH, o **NO MAS DE SIETE (7) MESES** después de la fecha de la posible exposición importante en el trabajo, el empleado es examinado nuevamente y los resultados del análisis son positivos por la presencia de Hepatitis C o el empleado ha sido diagnosticado como positivo por la presencia de Hepatitis C.

MANTENER FIJO EN UN LUGAR SOBRESALIENTE JUNTO AL AVISO A LOS EMPLADOS SOBRE COMPENSACION PARA TRABAJADORES

ESTE AVISO HA SIDO APROBADO POR LA COMISION INDUSTRIAL DE
ARIZONA PARA USO DE LAS ASEGURADORAS

WORK EXPOSURE TO METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA), SPINAL MENINGITIS, OR TUBERCULOSIS (TB)

Notice to Employees

Employees are notified that a claim may be made for a condition, infection, disease or disability involving or related to MRSA, spinal meningitis, or TB within the provisions of the Arizona Workers' Compensation Law. (A.R.S. § 23-1043.04) Such a claim shall include the occurrence of a significant exposure at work, which is defined to mean an exposure in the course of employment to aerosolized MRSA, spinal meningitis or TB bacteria. Significant exposure also includes exposure in the course of employment to MRSA through bodily fluids or skin.

Certain classes of employees (as defined below) may more easily establish a claim related to MRSA, spinal meningitis or TB by meeting the following requirements:

1. The employee's regular course of employment involves handling or exposure to MRSA, spinal meningitis or TB. For purposes of establishing a claim under this section, "employee" is limited to firefighters, law enforcement officers, correction officers, probation officers, emergency medical technicians and paramedics who are not employed by a health care institution;
2. No later than thirty (30) calendar days after a possible significant exposure, the employee reports in writing to the employer the details of the exposure;
3. A diagnosis is made within the following time-frames:
 - a. For a claim involving MRSA, the employee must be diagnosed with MRSA within fifteen (15) days after the employee reports pursuant to Item No. 2 above;
 - b. For a claim involving spinal meningitis, the employee must be diagnosed with spinal meningitis within two (2) to eighteen (18) days of the possible significant exposure; and
 - c. For a claim involving TB, the employee is diagnosed with TB within twelve (12) weeks of the possible significant exposure.

Expenses for post-exposure evaluation and follow-up, including reasonably required prophylactic treatment for MRSA, spinal meningitis, and TB is considered a medical benefit under the Arizona Workers' Compensation Act for any significant exposure that arises out of and in the course of employment if the employee files a claim for the significant exposure or the employee reports in writing the details of the exposure. Providing post-exposure evaluation and follow-up, including prophylactic treatment, does not, however, constitute acceptance of a claim for a condition, infection, disease or disability involving or related to a significant exposure.

Employers must post this notice in a conspicuous place next to the Workers' Compensation Notice to Employees.