

Unemployment Ins.

Department of Employment Security
Unemployment Insurance for Employees

IMPORTANT

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 unemployed through no fault of your own.

Nothing is deducted from your pay to cover its cost.

NOTICE TO EMPLOYEES

Availability of Unemployment Compensation

Unemployment Insurance (UI) benefits are available to workers who are unemployed and who meet the requirements of UI eligibility laws for the state of Mississippi.

You may file a UI claim with the Mississippi Department of Employment Security (MDES) in the first week that employment stops or work hours are reduced.

TO FILE AN UNEMPLOYMENT CLAIM:

- Visit our website at MDES.MS.GOV
- Call MDES at 1-888-844-3577 from 7:00 am to 10:00 pm seven days a week. Call wait time may be longer during peak hours and seasons
- Email questions to BenefitPay@mdes.ms.gov

THE FOLLOWING INFORMATION WILL BE NEEDED TO COMPLETE YOUR CLAIM BY PHONE:

- Full legal name;
- Social Security Number;
- Driver's License Number or State Issued Identification number;
- Alien Registration Number or Visa Number if you are not a U.S. citizen;
- Names and addresses of employers you worked for in the last eighteen (18) months
- The dates you worked and the reason you are no longer working for each employer

If you experience issues or need more information about filing a UI claim, you can quickly find the answers to most questions on our website under **FREQUENTLY ASKED QUESTIONS**.

To file a UI claim online visit: MDES.MS.GOV

To file a UI claim by phone call: 1-888-844-3577

MDES
MISSISSIPPI DEPARTMENT of EMPLOYMENT SECURITY

An equal opportunity employer and program, MDES has auxiliary aids and services available upon request to those with disabilities.

Those needing TTY assistance may call 800-582-2233.

Funded by the U.S. Department of Labor through the Mississippi Department of Employment Security.

*Employer: Please Post in a Conspicuous Place
Extra Copies on Request*

MDES Communications

REV. 03/31/2020

Workers' Comp.

Workers' Compensation Commission

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:]

(Name of insurance carrier or self-insurance group)

(address & telephone number)

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

(Name of third party claims administrator or claims office)

(address & phone number)

- III. This workers' compensation coverage is effective for the following period:

_____ to

- 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.

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

REV. 2001

