



1111 Ashworth Rd  
West Des Moines, IA 50265  
[GuideOne.com](http://GuideOne.com)

## NOTICE TO EMPLOYEES WORKERS' COMPENSATION

### Employer Name:

The above named employer, an employer within the meaning of the Workers' Compensation Law of the State of \_\_\_\_\_ hereby gives notice to employees that the employer has secured the payment of compensation to its employees and their dependents in accordance with the provision of said law, by insuring with:

Insurance Company:

**GuideOne Insurance**  
**P.O. Box 14543**  
**Des Moines, IA 50306-3543**  
**888-748-4326**

Policy Effective Dates:

Policy Number:

If you are injured on the job, or contract an occupational disease, notify your employer immediately.

Claims administered by:

**GuideOne Insurance**  
**P.O. Box 14543**  
**Des Moines, IA 50306-3543**  
**888-748-4326**



GuideOne Mutual Insurance Company  
GuideOne Specialty Mutual Insurance Company  
GuideOne Elite Insurance Company  
GuideOne America Insurance Company  
GuideOne National Insurance Company