



Bureau of Workers' Compensation

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

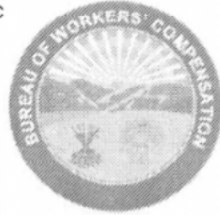
This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
01254369

Period Specified Below
07/01/2019 to 07/01/2020

ELECTRONIC DOCUMENT SERVICE INC
EDOC SERVICE INC
5933 COACHMONT DR
FAIRFIELD, OH 45014-4817



www.bwc.ohio.gov
Issued by: BWC

Stephanie B. McCloud
Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marihuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marihuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



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You must post this language with the Certificate of Ohio Workers' Compensation.

**NOTICE IS HEREBY GIVEN
THAT THE EMPLOYER SHOWN BELOW IS SUBJECT TO
OREGON EMPLOYMENT DEPARTMENT LAW**

If you become unemployed or are employed less than full time, you may be eligible for unemployment insurance benefits. However, if you quit work without good cause or are fired or suspended for misconduct:

- You will be denied benefits until you have returned to work and,
- In order to requalify you must be separated from the new work for a non-disqualifying reason and,
- Your maximum benefits payable to you will be reduced.

ELECTRONIC DOCUMENT SERVICE INC

For further information on how to file an unemployment insurance claim go to:
www.WorkingInOregon.org

This form is required to be posted in your place of business. This is notice to your employees that you are registered with the Employment Department and those employees may be eligible for unemployment insurance benefits if they become unemployed. To obtain a Spanish version please contact us at our central help number: 503-947-1488

WorkSource Oregon Employment Department is an equal opportunity employer/program