



BREDA COMPANY, INC.

A DBE Rebar Installation Specialist

P.O. Box 1507, Round Rock, TX 78680

Phone (512) 670-0430

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire)

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

NAME: _____
LAST FIRST MIDDLE

CURRENT ADDRESS: _____
STREET/NUMBER APT# CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET/NUMBER APT# CITY STATE ZIP

PHONE NUM: _____ - _____ - _____ ARE YOU AT LEAST 18 YEARS OF AGE? Yes: ___ No: ___

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?
Yes: ___ No: ___

EMPLOYMENT DESIRED

POSITION DESIRED: _____ DATE YOU CAN START: _____

WAGE(S) DESIRED: \$ _____ / Hour

ARE YOU EMPLOYED NOW? (If So, with whom?): _____

MAY WE REQUIRE OF THIS EMPLOYER? Yes: ___ No: ___

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? Yes: ___ No: ___

IF SO, WHICH BRANCH? _____ (DFW, Houston or Austin) WHEN? _____

FIELD HOURLY WORK IS PART TIME EMPLOYMENT
ON A JOB BY JOB BASIS.

ADMINISTRATIVE/SALARY WORK IS FULL TIME.

PHYSICAL RECORD:

Do you have any physical limitations that would inhibit you from doing performing any work for which you are being considered? Yes: ___ No: ___

If yes, what can be done to accommodate your limitations? _____

Please Describe: _____

Please note: all field work requires employees to be bent over for long periods of time and repeatedly lift weights in excess of 80Lbs throughout the day.

In Case of Emergency, Notify: _____ - _____ - _____

NAME ADDRESS PHONE NUMBER

By Signing Below You Agree to the Following:

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY BE TEMRINATED AT ANY TIME WITHOUT PRIOR NOTICE."

DATE: _____ SIGNATURE: _____

E-VERIFY NOTIFICATION / NOTIFICATION DE E-VERIFY

In accordance with Executive Order 12989, Breda Company, Inc. will E-Verify your Social Security number and right to work documents with the Social Security Administration and the Department of Homeland Security. If there are any discrepancies you will be notified.

De conformidad con la Orden Ejecutiva 12989, Breda Company, Inc. verificará electrónicamente su número de Seguridad Social y sus documentos de derecho a trabajar con la Administración del Seguro Social y el Departamento de Seguridad Nacional. Si hay discrepancias, se le notificará.

Signature / Firma

Date / Fecha

Name / Nombre

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

HIRED: YES _____ NO _____ POSITION _____ DEPT. _____ WAGE/SALARY _____

START DATE: _____ APPROVED BY: _____

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2025

Step 1: Enter Personal Information	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.) _____		Date _____

Employers Only	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)			
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State		
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number		
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		<p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</p> <input type="checkbox"/> 1. A citizen of the United States <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
		<p>If you check Item Number 4., enter one of these:</p>						
		USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)			

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**BREDA COMPANY, INC.
DRUG-FREE WORKPLACE POLICY**

- All employees are prohibited from using or being under the influence of controlled substances, inhalants or alcoholic beverages during work hours, Except for the legal use of controlled substance prescribed by a licensed physician and which shall be used only in the manner, combination and quantity prescribed and which shall only be used by the person for whom it is prescribed.
- The unlawful manufacture, distribution, dispensation, possession, or use of controlled substances, inhalants or alcoholic beverages on Breda Company, Inc, premises or job sites or while conducting Breda Company, Inc. business off premises, is absolutely prohibited. Sanctions may include completion of an appropriate rehabilitation or assistance program, probation, expulsion, termination or referral to authorities for prosecution. If an employee has been convicted of a criminal drug statute, sanctions will be imposed within 30 days.
- Breda Company, Inc., recognizes that drug, inhalant and alcohol abuse may result In serious health, safety and security problems. The use of drugs, inhalants and alcohol may alter a person's mental alertness and impair physical ability to complete certain tasks. Consequently, if any employee whose off-duty use of drugs, inhalants or alcohol results in absenteeism, tardiness, or impairment of work performance, or is the cause of workplace accidents, the employee will be given a list of treatment and rehabilitation centers where they may seek assistance. All treatment or assistance will be at the employees own expense.
- The company may require an employee to be tested for drugs or alcohol if there is reasonable suspicion that the employee's job performance has been affected by the use of illicit drugs, inhalants or alcohol and there is reasonable belief that such impairment presents a risk to the physical safety of the employee or another person.
- The company will perform random drug screenings, at its discretion, to ensure compliance of our drug-free workplace policy.
- As a condition of employment, each employee must report any criminal drug statute conviction for a violation occurring in the workplace or on Breda Company, Inc. property to the company no later than five days after conviction. Imposed sanctions may take the form of personnel actions against the employee, up to, and including, termination or requiring the employee to participate in an approved drug abuse assistance or rehabilitation program at his or her own expense.

Signature

Date



BREDA COMPANY, INC.

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P.O. Box 1507, Round Rock, TX 78680

Phone (512) 670-0430

NOTICE DISTRIBUTION

I have received the Notice to Employees Concerning Workers' Compensation, the Notice of Injured Employee Rights, Responsibilities in the Texas Workers' Compensation System, and Breda Company, Inc.'s EEO Policy, and new health insurance marketplace coverage options and your health coverage.

Yo he recibido el Aviso sobre compensacion para trabajadores en Tejas, Aviso de derechos de empleados lesionados, Responsabilidades en el Sistema de Compensación para Trabajadores de Texas, y Política de EEO de Breda Company, Inc., y nuevas opciones de cobertura de mercado de seguros de salud y su cobertura de salud.

Signature / Firma

Date / Fecha

Print / Nombre



CELL PHONE POLICY:

Please note, all Cell Phones, MP3 Players and Personal Wireless or Music Devices should be left in your vehicle and are to be used only on personal time. Not only does it interfere with work, but it is a hazard to be using these devices during work hours. If someone needs to reach you in the case of an emergency, they can contact the office and we will relay the message to you.

As of, May 9, 2018, Foremen will be docking your time by 30 minutes for each violation of this policy, and after the third violation you will be dismissed from the project for the rest of the day. If violations continue to occur after dismissal from the project, further disciplinary action will be taken.

Tenga en cuenta que todos los teléfonos celulares, reproductores de MP3 y dispositivos inalámbricos o de música personales deben dejarse en su vehículo y deben usarse solo a tiempo personal. No solo interfiere con el trabajo, sino que es un peligro usar estos dispositivos durante las horas de trabajo. Si alguien necesita comunicarse con usted en el caso de una emergencia, pueden comunicarse con la oficina y le transmitiremos el mensaje.

A partir del 9 de Mayo de 2018, los capataces estarán atracando su tiempo por 30 minutos por cada violación de esta política, y después de la tercera violación, serán despedidos del proyecto por el resto del día. Si las violaciones continúan ocurriendo después del despido del proyecto, se tomarán medidas disciplinarias adicionales.

I certify that I have read and acknowledged the Breda Company, Inc. cell phone policy and will follow it accordingly.

Certifico que he leído y acepto la política de teléfonos celulares de Breda Company, Inc. y la seguiré en consecuencia.

Signature / Firma

Date / Fecha

Print / Nombre

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New Hire Safety Training Orientation
Rules and Regulations

I acknowledge that I have received a copy of the Basic Safety Rules and Regulations of Breda Company, Inc and discussed any questions I had with the person performing my safety orientation. I understand that there are hazards at the jobsites that we work at, and I am required at all times to follow these rules. I also understand that no one is exempt from injury, and that adherence to the Breda Company Safety Policy is an express condition of my employment in order to minimize risk to myself and those around me at a job-site.

Reconozco que recibí una copia de las Reglas y Reglamentos Básicos de Seguridad de Breda Company, Inc y hablé de cualquier pregunta que tuviera con la persona que realizó mi orientación de seguridad. Entiendo que existen peligros en los lugares de trabajo en los que trabajamos y debo seguir estas reglas en todo momento. También entiendo que nadie está exento de sufrir lesiones y que el cumplimiento de la Política de seguridad de la empresa Breda es una condición expresa de mi empleo para minimizar el riesgo para mí y para quienes me rodean en el lugar de trabajo.

Signature / Firma

Date / Fecha

Name / Nombre



WORKWELL, TX

Employee Acknowledgment of Workers' Compensation Network

I have received information that informs me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this packet, I understand that:

- I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual Insurance Company at (844) 867-2338 to notify them of my choice.
- I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me to a specialist. If I need emergency care, I may go anywhere.
- Texas Mutual will pay the treating doctor and other network providers for the treatment for my compensable injury.
- I may have to pay the bill if I get health care from someone other than a network doctor without prior network approval.

Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

Signature

Date

Printed name

I live at:

Street address

City

State

Zip code

Name of employer: Breda Company, Inc.

Name of network: WorkWell, TX

To the employer:

Each employee must sign this form when you begin the program or within 3 days of being hired, and at the time an injury occurs. Please indicate at which point this acknowledgement was completed.

- Initiating the network program (companywide)
- Initial employee notification (new hire)
- Injury notification (Date of injury: / /)

Keep this completed form in the employee's personnel file. It could be requested by Texas Mutual.

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Employee Onboarding Packet

The following pages can be removed from the application and sent home with the employee. These pages are his or her copies of various Safety, EEO, Workers Compensation and Employee Rights and Responsibilities policies of Breda Company, Inc. Extra copies of any of these documents can be made available to any employees on request.

Paquete de incorporación de empleados

Las siguientes páginas pueden eliminarse de la solicitud y enviarse a casa con el empleado. Estas páginas son sus copias de varias políticas de seguridad, EEO, compensación laboral y derechos y responsabilidades de los empleados de Breda Company, Inc. Se pueden poner a disposición de cualquier empleado copias adicionales de cualquiera de estos documentos que lo soliciten.

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New Hire Safety Training Orientation *Rules and Regulations*

It is the prime responsibility of each employee to learn their respective duties, and the safety procedures associated with such work so that if an unsafe issue arises it can be recognized and abated.

To prevent accidents, each employee is expected to follow the basic Safety Rules and Regulations. It should be understood that no one is exempt from injury and as such the strict adherence to Company policy is a **CONDITION OF HIS OR HER EMPLOYMENT.**

The following Safety Rules and Regulations are to be considered the minimum requirements and do not encompass each and every situation, which may be encountered during a field situation. Should any question arise you are requested to contact your immediate supervisor and/or a member of management for assistance. Continuing education for all employees will be made available upon request; all foremen will meet with their crews daily for task assignments and daily "toolbox" safety tips as a part of continuing safety education for all employees.

BASIC SAFETY RULES AND REGULATIONS:

1. **IF AT ANY TIME DURING YOUR EMPLOYMENT YOU (THE EMPLOYEE) HAVE ANY DOUBT ABOUT A PROCEDURE OR IF YOU FEEL YOU ARE BEING ASKED TO DO SOMETHING UNSAFE; YOU ARE ENCOURAGED TO DISCUSS THOSE CONCERNS WITH YOUR SUPERVISOR AND/OR TO CONTACT THE MAIN OFFICE IMMEDIATELY WITHOUT ANY FEAR OF RETRIBUTION OR RETALIATION FROM ANY SUPERVISORY LEVEL, PERSONNEL.**
2. Vests and safety glasses provided by the company are mandatory and required to be worn at all times along with a hard hat and proper work boots. Gloves to be used as needed.
3. Wear appropriate clothing, the use of loose fitting or dangling garments, and articles with loose ends are prohibited. Wear suitable shoes with leather uppers, and hard soles. Steel toed shoes are not required, unless required by a specific job-site.
4. **DO NOT USE ANY DEFECTIVE TOOLS, CHECK ALL HAND TOOLS PRIOR TO USE. (All tools, equipment, and vehicles before beginning work. Report, repair or replace all defective parts and/or hand tools. Removal of equipment safety guards, locks, or a tag is prohibited.)**
5. Fire extinguishers are for use in emergency situations only. **DO NOT MISUSE OR DISCHARGE FOR ANY OTHER REASON.**
6. Do not use defective ladders. All ladders must be properly secured at the top, and

bottom to prevent back/sideways movement. Additionally, use a rope to pass up or down any tools, or materials needed to complete the work. This will allow both hands to remain free.

7. **AT NO TIME SHOULD ANY EMPLOYEE CLIMB OR STAND ON TOP ON ANY REBAR OR REBAR CAGES without the direction of a supervisor or foreman that can confirm you have received the appropriate on the job fall protection training.**
8. No horseplay, fighting, and/or practical jokes are allowed on the job-site or on any Company property. **FAILURE TO ADHERE TO THIS RULE, OR CAUSING ANY OTHER EMPLOYEE TO BE PUT IN DANGER DUE TO EMPLOYEE ACTIONS MAY BE GROUDNS FOR TERMINATION.**
9. Maintain good housekeeping at all times to prevent slips, trips, and/ or fall exposures.
10. **UNDER NO CIRCUMSATNCES ARE CLAMPED LINES TO BE USED FOR LIFTING OF MATERIALS AND/OR WORK PLATFORMS. Only slings properly rated for the pick-up should be used.**
11. Use proper platforms to cut materials such as (sawhorses) **NEVER USE YOUR FOOT AS A PLATFORM TO CUT MATERIALS.**
12. Rebar caps are to be used to protect steel ends at ground level. When overhead work is ongoing over protruding steel, flat-materials are to be used in order to prevent impalement exposures.
13. **REPORT ALL ON THE JOB INJURIES and/or UNSAFE CONDITIONS TO YOUR SUPERVISOR IMMEDIATELY. FAILURE WILL RESULT IN DISCIPLINARY ACTION BEING TAKEN AGAINST YOU INCLUSIVE OF TERMINATION AND/OR THE DENIAL OF ANY INJURY CLAIM.**
14. The use of taglines to assist in the handling lifted loads is required. The lines should be long enough to prevent an individual from having to work under or within close proximity to a load.
15. **THERE IS TO BE NO RIDING OF EQUIPMENT. WHEN BEING TRANSPORTED IN A COMPANY UNIT ON A PROJECT YOU ARE TO BE SEATED FLAT ON THE BED OF THE UNIT. UNDER NO CIRCUMSTANCES WILL FEET, AND/OR ARMS BE ALLOWED TO BE EXTENDED OUTSIDE THE UNIT.**
16. Get help when lifting heavy or bulky materials. Use a crane, winch, and other devices when possible.
17. Seat belts on Company equipment, and/or vehicles are to be used at all times when equipment or vehicle is in use.
18. Acetylene/ Oxygen cylinders are to be properly secured in the upright, and tied down position with caps screwed down properly.
19. The wearing of loose chains (outside the shirt), earrings, excessive rings, and/or body piercing is prohibited.
20. **WHEN MOVING MATERIALS ABOUT THE SITE WITH MORE THAN TWO EMPLOYEES ENSURE THAT THE PATH TO THE DESITINATION IS FREE FROM DEBRIS AND INSURE EACH EMPLOYEE INVOLVED IN THE MOVEMENT OF MATERIALS HAS GOOD GRASP ON THE MATERAILS.**



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**NOTICE:
EMPLOYEES AND APPLICANTS FOR EMPLOYMENT
EQUAL OPPORTUNITY POLICY OF BREDA COMPANY, INC.**

It is the operating policy of Breda Company, Inc. to assure that applicants are employed and that employees are treated fairly during employment, without regard to their race, religion, sex, color, national origin, age or disability. Such action shall include: employment upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training, including apprenticeship, pre-apprenticeship, and/or on the job training.

We also encourage the use of available training programs and will be happy to advise upon what programs are available, the entrance requirements for each, as well as assisting in applying for or entering such programs. Any supervisor will be glad to have you contact them.

Breda Company, Inc. is a Disadvantaged Business Enterprise (DBE), business that specializes in the installation of reinforcing steel, primarily on Highway Projects in Texas. We hope to diversify our work force. Therefore all qualified applicants, regardless of race, color, national origin, religion, gender, age (if over the age of 18), disability, or Vietnam veteran status are encouraged to apply. Blacks and Female applicants are strongly encouraged.

All present employees are requested to encourage any individual regardless of race, color, national origin, religion, gender, age (if over the age of 18), disability, sex or veteran status to make application for employment with this company or apply for training under available programs.

Any complaint of alleged discrimination by this company, its supervisors or employees, or any persons or organizations acting on behalf of the company should be immediately called to the attention of the Equal Employment Officer.

Dakota Wood is the EEO Officer for Breda Company and can be reached at: 817-759-0069

Employees have the right to pursue complaints with the Equal Employment Opportunity Commission (EEOC) at 1-800-669-4000 and the Texas Commission for Human Rights (TCHR) at 1-512-437-3450. Retaliation against a person who files a charge of discrimination, participates in an investigation, or opposes an unlawful employment practice is prohibited. Any and all complaints will be processed in a timely manner between thirty and ninety (30-90) days.

Roberto Breda
President – Breda Company, Inc.
4/2024

AN EQUAL OPPORTUNITY EMPLOYER



**BREDA COMPANY, INC.
DRUG-FREE WORKPLACE POLICY**

- All employees are prohibited from using or being under the influence of controlled substances, inhalants or alcoholic beverages during work hours, Except for the legal use of controlled substance prescribed by a licensed physician and which shall be used only in the manner, combination and quantity prescribed and which shall only be used by the person for whom it is prescribed.
- The unlawful manufacture, distribution, dispensation, possession, or use of controlled substances, inhalants or alcoholic beverages on Breda Company, Inc, premises or job sites or while conducting Breda Company, Inc. business off premises, is absolutely prohibited. Sanctions may include completion of an appropriate rehabilitation or assistance program, probation, expulsion, termination or referral to authorities for prosecution. If an employee has been convicted of a criminal drug statute, sanctions will be imposed within 30 days.
- Breda Company, Inc., recognizes that drug, inhalant and alcohol abuse may result In serious health, safety and security problems. The use of drugs, inhalants and alcohol may alter a person's mental alertness and impair physical ability to complete certain tasks. Consequently, if any employee whose off-duty use of drugs, inhalants or alcohol results in absenteeism, tardiness, or impairment of work performance, or is the cause of workplace accidents, the employee will be given a list of treatment and rehabilitation centers where they may seek assistance. All treatment or assistance will be at the employees own expense.
- The company may require an employee to be tested for drugs or alcohol if there is reasonable suspicion that the employee's job performance has been affected by the use of illicit drugs, inhalants or alcohol and there is reasonable belief that such impairment presents a risk to the physical safety of the employee or another person.
- The company will perform random drug screenings, at its discretion, to ensure compliance of our drug-free workplace policy.
- As a condition of employment, each employee must report any criminal drug statute conviction for a violation occurring in the workplace or on Breda Company, Inc. property to the company no later than five days after conviction. Imposed sanctions may take the form of personnel actions against the employee, up to, and including, termination or requiring the employee to participate in an approved drug abuse assistance or rehabilitation program at his or her own expense.



CELL PHONE POLICY:

Please note, all Cell Phones, MP3 Players and Personal Wireless or Music Devices should be left in your vehicle and are to be used only on personal time. Not only does it interfere with work, but it is a hazard to be using these devices during work hours. If someone needs to reach you in the case of an emergency, they can contact the office and we will relay the message to you.

As of, May 9, 2018, Foremen will be docking your time by 30 minutes for each violation of this policy, and after the third violation you will be dismissed from the project for the rest of the day. If violations continue to occur after dismissal from the project, further disciplinary action will be taken.

Tenga en cuenta que todos los teléfonos celulares, reproductores de MP3 y dispositivos inalámbricos o de música personales deben dejarse en su vehículo y deben usarse solo a tiempo personal. No solo interfiere con el trabajo, sino que es un peligro usar estos dispositivos durante las horas de trabajo. Si alguien necesita comunicarse con usted en el caso de una emergencia, pueden comunicarse con la oficina y le transmitiremos el mensaje.

A partir del 9 de Mayo de 2018, los capataces estarán atracando su tiempo por 30 minutos por cada violación de esta política, y después de la tercera violación, serán despedidos del proyecto por el resto del día. Si las violaciones continúan ocurriendo después del despido del proyecto, se tomarán medidas disciplinarias adicionales.

I certify that I have read and acknowledged the Breda Company, Inc. cell phone policy and will follow it accordingly.

Certifico que he leído y acepto la política de teléfonos celulares de Breda Company, Inc. y la seguiré en consecuencia.



Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel (OIEC). This assistance is offered at local offices across the State. These local offices also provide other workers' compensation system services from the Texas Department of Insurance (TDI). TDI is the State agency that administers and regulates the workers' compensation system through the Division of Workers' Compensation (DWC).

Many services provided by OIEC and DWC can be completed over the telephone. You can contact OIEC by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Additional information, including office locations, is available on the Internet at: www.oiec.texas.gov. You can contact DWC by calling the toll-free telephone number 1-800-252-7031. Information about DWC is available on the Internet at: www.tdi.texas.gov.

Your Rights in the Texas Workers' Compensation System:

1. You have the right to hire an attorney to help you with your workers' compensation claim.

For assistance locating an attorney, contact the State Bar of Texas' lawyer referral service at 1-877-983-9227 or <http://www.texasbar.com/>. Attorney referral information can also be found on OIEC's website at www.oiec.texas.gov.

2. You have the right to receive assistance from OIEC if you do not have an attorney.

OIEC Customer Service Representatives and Ombudsmen are available to answer your questions and provide assistance with your workers' compensation claim by calling OIEC or visiting an OIEC office. **You must sign a written authorization before an OIEC employee can access information on your claim.** Call or visit an OIEC office to fill out the written authorization. Customer Service Representatives and Ombudsmen are trained in the field of workers' compensation and can help you with scheduling a dispute resolution proceeding about your workers' compensation claim. An Ombudsman can also assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot make decisions for you or give legal advice.

3. You may have the right to receive medical and income benefits regardless of who was at fault for your injury, with certain exceptions. Your beneficiaries may be entitled to death and burial benefits.

Information about the exceptions can be found at www.tdi.texas.gov or by visiting with OIEC staff.

4. You may have the right to receive medical care to treat your workplace injury or illness for as long as it is medically necessary and related to the workplace injury.

You may have the right to reimbursement of your incurred expenses after traveling to attend a medical appointment or required medical examination if the trip meets qualifying conditions.

5. You may have the right to receive income benefits for your work-related injury.

There are several types of income benefits and eligibility requirements. Information on the types of income benefits that may be available and the eligibility requirements can be found at www.tdi.texas.gov or by visiting with OIEC staff.

6. You may have the right to dispute resolution regarding income and medical benefits.

You may request Medical Dispute Resolution if you disagree with the insurance carrier regarding medical benefits. You may request Indemnity (Income) Dispute Resolution if you disagree with the insurance carrier regarding income benefits. The law provides that your dispute proceedings will be held within 75 miles from your residence.

7. You have the right to choose a treating doctor.

If you are in a Workers' Compensation Health Care Network (network), you must choose your doctor from the network's treating doctor list. You may change your treating doctor once without network approval. If you are not in a network, you may initially choose any doctor who is willing to treat your workers' compensation injury; however,

changing your treating doctor must be pre-approved by the DWC if you are not in a network. If you are employed by a political subdivision (e.g. city, county, school district,) you must follow its rules for choosing a treating doctor. It is important to follow all the rules in the workers' compensation system. **If you do not follow these rules, you may be held responsible for payment of medical bills.** OIEC staff can help you to understand these rules.

8. You have the right for your workers' compensation claim information to be kept confidential.

In most cases, the contents of your claim file cannot be obtained by others. Some parties have a right to know what is in your claim file, such as your employer or your employer's insurance carrier. Also, an employer that is considering hiring you may get limited information about your claim from DWC.

Your Responsibilities in the Texas Workers' Compensation System

1. You have the responsibility to tell your employer if you have been injured at work while performing the duties of your job. You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work-related.

2. You have the responsibility to know if you are in a Workers' Compensation Health Care Network (network). If you do not know whether you are in a network, ask the employer you worked for at the time of your injury. If you are in a network, you have the responsibility to follow the network rules. If there is something you do not understand, ask your employer or call OIEC. If you would like to file a complaint about a network, call TDI's Customer Help Line at 1-800-252-3439 or file a complaint online at <http://www.tdi.texas.gov/consumer/complfrm.html#wc>.

3. If you worked for a political subdivision (e.g., city, county, school district) at the time of your injury, you have the responsibility to find out how to receive medical treatment. Your employer should be able to provide you with the information you will need in order to determine which health care providers can treat you for your workplace injury.

4. You have the responsibility to tell your doctor how you were injured and whether the injury is work-related.

5. You have the responsibility to send a completed Employee's Claim for Compensation for a Work-Related Injury or Occupational Claim Form (DWC041) to DWC. You have one year to send the form after you were injured or first knew that your illness might be work-related. Send the completed DWC041 form even if you already are receiving benefits. You may lose your right to benefits if you do not timely send the completed claim form to DWC. For a copy of the DWC041 form you may contact DWC or OIEC.

6. You have the responsibility to provide your current address, telephone number, and employer information to DWC and the insurance carrier. DWC can be contacted at 1-800-252-7031.

7. You have the responsibility to tell DWC and the insurance carrier anytime there is a change in your employment status or wages. (Examples of changes include: you stop working because of your injury; you start working; or you are offered a job).

8. Eligible beneficiaries or persons seeking death and burial benefits have the responsibility to send a completed Beneficiary Claim for Death Benefits (DWC-042) to DWC within one year following the employee's date of death.

9. You are prohibited from making frivolous or fraudulent claims or demands.

NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

COVERAGE: [Name of employer] _____ has workers' compensation insurance coverage from [name of commercial insurance company] _____ in the event of work-related injury or occupational disease. This coverage is effective from [effective date of workers' compensation insurance policy] _____. Any injuries or occupational diseases which occur on or after that date will be handled by [name of commercial insurance company] _____. An employee or a person acting on the employee's behalf, must notify the employer of an injury or occupational disease not later than the 30th day after the date on which the injury occurs or the date the employee knew or should have known of an occupational disease, unless the Texas Department of Insurance, Division of Workers' Compensation (Division) determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

EMPLOYEE ASSISTANCE: The Division provides free information about how to file a workers' compensation claim. Division staff will answer any questions you may have about workers' compensation and process any requests for dispute resolution of a claim. You can obtain this assistance by contacting your local Division field office or by calling 1-800-252-7031. The Office of Injured Employee Counsel (OIEC) also provides free assistance to injured employees and will explain your rights and responsibilities under the Workers' Compensation Act. You can obtain OIEC's assistance by contacting an OIEC customer service representative in your local Division field office or by calling 1-866-EZE-OIEC (1-866-393-6432).

SAFETY VIOLATIONS HOTLINE: The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division at 1-800-452-9595.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [Daniel O'Brien – 713-937-9270](mailto:Daniel O'Brien - 713-937-9270) or hr@bredacompanyinc.com

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



WORKWELL, TX

Health care network information | As of October 1, 2022



Dear Employer,

At Texas Mutual Insurance Company, we are committed to the safety of Texas workers. WorkWell, TX serves as an extension of that commitment, ensuring quality care for employees who are injured on the job.

WorkWell, TX is a workers' compensation health care network certified by the state of Texas. By choosing the network option from Texas Mutual, you keep your costs low with a network discount and our focus on getting injured workers well and back on the job. Our providers have been chosen to treat your employees because of their proven record of success with work-related injuries and illnesses.

A network that offers high-quality care, better results, and savings is a win-win for you and your employees.

To help introduce your employees to WorkWell, TX, this packet offers information and resources, which they must read and sign. Start by reviewing the checklist below to discover what you and your workforce will need to know and do in case an injury occurs.

Employer Checklist

1. Review this packet.
2. Post the **Notice of Network Requirements** in a common area where your employees will see it.
3. Distribute the Notice of Network Requirements to employees when you begin the program, within 3 days of hiring a new employee, and at the time of injury. Keep a record of how, when, where and to whom you delivered the Notice of Network Requirements.
4. Have all employees sign the **Employee Acknowledgment** form and keep it in the employee's personnel file. (An employee who refuses to sign remains subject to network requirements. Document a refusal to sign the acknowledgment in the employee's personnel file.)
5. When an injury occurs, report it immediately to Texas Mutual and if necessary, provide or arrange transportation for the injured employee to the network provider, or emergency facility if appropriate.
6. Work-related injuries must be treated by network-approved physicians. Review the online provider directory on texasmutual.com for a list of network providers. If you or an injured employee needs help locating a provider, you may call WorkWell, TX at (844) 867-2338.

Thank you for choosing WorkWell, TX. If you have any questions, please contact us at (844) 867-2338 or visit texasmutual.com.

Sincerely,

WorkWell, TX Support Team
(844) 867-2338



WORKWELL, TX



WORKWELL, TX

Notice of Network Requirements

(Post in visible area for all employees)

Your employer has chosen WorkWell, TX as its certified workers' compensation health care network in partnership with Texas Mutual Insurance Company, a workers' compensation insurance carrier. WorkWell, TX will manage the health care and treatment you may receive if you are injured on the job or diagnosed with an occupational illness while employed here. WorkWell, TX doctors are trained in treating work-related injuries and illnesses and getting people back to work and back to a productive life.

The information in this packet will help you to seek care for your injury and describes what to do if you are injured while on the job.

What to do if you are injured while on the job

If you are injured at work, tell your employer right away. Your employer will help with any questions you may have about seeking treatment through WorkWell, TX. You may also contact Texas Mutual if you have any questions about your treatment. Our shared goal with your employer is to return you to work as soon as it is safe to do so.

A list of network doctors in your service area is available on texasmutual.com or by downloading the WorkWell, TX mobile app. You may contact us at (844) 867-2338 or at the address below for assistance.

WorkWell, TX
Attn: Network Services
PO Box 12029
Austin, TX 78711-2029

In case of an emergency

If you are injured and it is an emergency, you should seek treatment at the nearest medical care facility immediately. This also applies if you are injured outside the service area. Emergency care does not require preapproval. Texas law defines "medical emergency" as a medical condition that comes up suddenly.

After you receive emergency care, you may need ongoing care. Select a network doctor from the WorkWell, TX network. The doctor you choose will oversee the care for your injury. You must obtain referrals to see another health care provider or specialist from your treating doctor, except for emergency care.

Non-emergency care

Report your injury to your employer as soon as you can. Find a network treating doctor on texasmutual.com or by downloading the WorkWell, TX mobile app. Go to that doctor for treatment.

Treatment prescribed by your doctor may need to be approved in advance. Your doctor needs to request approval from the network for a specific treatment before the treatment or service is provided. You may continue to need further care after completing the approved treatment.

Choosing a treating doctor

If you are hurt at work and it is not an emergency and you live in the network service area, you must choose a treating doctor from the WorkWell, TX network. This is required so that WorkWell, TX covers the costs for the care. If you belong to a health maintenance organization (HMO) at the time of your injury, you may choose your HMO primary care doctor as your treating doctor. You must have chosen the doctor as your primary care doctor before your injury. We will approve the choice of your HMO doctor if they agree to the terms of the network contract and to abide by applicable laws.

For a list of network doctors available in your area, please visit texasmutual.com or download the WorkWell, TX mobile app. The WorkWell, TX provider directory is updated monthly. Doctors who speak Spanish or who are no longer taking new patients will be flagged with an icon on their record.

If your treating doctor leaves the network, we will notify you in writing. You will have the right to choose another treating doctor from the network directory. If your doctor leaves the network and you have a life threatening or acute condition for which a disruption of care would be harmful to you, your doctor may request to continue your treatment for an extra 90 days.

If you live outside of the service area, you may request a service area review by calling Texas Mutual. You should provide proof to support your request. Texas Mutual will inform you of its decision within seven days of receiving your request. If you disagree with Texas Mutual's final decision, you have the right to file a complaint with the Texas Department of Insurance. Your complaint must include your name, address, phone number, a copy of Texas Mutual's decision and any proof you sent to Texas Mutual for review. A complaint form is available on the Department's website.

When waiting for Texas Mutual to make a decision or for the Texas Department of Insurance to review your complaint, you are still expected to use the network for all health care. You may be required to pay for health care services received out of the network if it is decided you do live in the network's service area.

Changing doctors

If you are not satisfied with your first choice of a treating doctor, you can select a different treating doctor from the network directory. We will not deny your choice to see a different treating doctor. Before you can change treating doctors a second time, you must get permission from the network by calling (844) 867-2338.

Referrals

You do not have to get a referral if you have an emergency. All other health care and specialist referrals should be made through your treating doctor. All health care services that you request will be made available by the network on a timely basis, as required by your medical condition. This includes referrals. All health care services, including referrals, will be made available within 21 days after your request.

Out-of-network approvals

WorkWell, TX must approve all of your treating doctor or specialist's out-of-network referrals before you visit the provider. If you need to request approval, please call (844) 867-2338.

Payment for health care

Network doctors have agreed to seek payment from Texas Mutual for your treatment. They will not look to you for payment. If you receive treatment from a doctor who is not in the network without prior approval from WorkWell, TX, you may have to pay for the cost of that care. Medical costs for treatment by non-network health care providers may be covered only if one of the following situations occurs:

- Emergency care is needed. You should go to the nearest hospital or emergency care facility.
- You do not live within the service area of the network.
- Your treating doctor or specialist refers you to an out-of-network provider or facility and WorkWell, TX approves the referral.
- You have chosen your HMO primary care doctor. Your doctor must agree to abide by the network contract and applicable laws.

Preauthorization, adverse determination and independent review

A list of the procedures and services that need preauthorization is on texasmutual.com. The list in this packet is not intended to be all-inclusive; health care is an evolving science. Procedures and treatments requiring prior approval will also evolve. Treating providers should verify preauthorization requirements by referring to the updated list on texasmutual.com.

If WorkWell, TX denies the request, you or the requesting doctor may ask for a review of that decision. If still dissatisfied, you, your provider or a person acting on your behalf may request an independent review. The preauthorization agent will provide any relevant medical records related to the injury to the independent review group. They may also provide any treatment guidelines used and a list of the doctors who provided care to you.

Complaints

We take your concerns seriously. If you are dissatisfied, you can file a complaint with WorkWell, TX. You may do this if you are not satisfied with any aspect of the network, including care you received. You must file your complaint within 90 days after the date of the event that is the basis for the complaint.

If you have questions about the complaint process you can reach the Grievance Coordinator by phone at (844) 297-5723, by fax at (512) 224-8800, by email at wwtxcomplaints@texasmutual.com, or by mail at the address below.

WorkWell, TX
Attention: Grievance Coordinator
PO Box 12029
Austin, Texas 78711-2029

Texas law does not permit WorkWell, TX to retaliate against you if you file a complaint against the network. We will not retaliate if you appeal the decision of the network. The law does not permit us to retaliate against your treating doctor if they file a complaint against the network or appeal the decision of the network on your behalf.

You have the right to file a complaint with the Texas Department of Insurance. A complaint form is available on the Department's website.

WorkWell, TX Preauthorization List

Hospital/ASC

All non-emergency hospital or ASC (inpatient, outpatient, and observation) admissions including principle scheduled procedures and length of stay. Preauthorization request should include specific hardware, implantables, external delivery system, etc. to be utilized.

Surgery/Procedures/Integral Devices

All non-emergency surgeries represented by AMA CPT codes 10010-69990 and/or G codes which represent a surgical procedure performed in a setting or place of service other than the doctor's office [POS 11]. Preauthorization request should include specified hardware, implantables, external delivery system, etc. to be utilized.

- All botox injections
- All spinal injections (including but not limited to):
 - » Epidural steroid injections
 - » RFTC or cryotherapy/cryoablation
 - » Sacral iliac joint injection
 - » Facet injection
 - » Medical branch block
- Trigger point injections (AMA CPT 20553)
- Bone growth stimulators
- Discograms
- Implantable drug delivery system
- Investigational or experimental procedures or devices as determined by ODG or listed as an AMA category III code. Stimulator devices (including, but not limited to):
 - » TENS units
 - » Interferential units
 - » Neuromuscular stimulators
 - » Dual units
 - » Spinal cord stimulator
 - » Peripheral nerve stimulator
 - » Brain stimulator

Physical Medicine

- All chiropractic treatments
- Manipulations under anesthesia (MUA)
- All PT/OT (unless requestor or rendering provider/facility is participating through Align)
- Biofeedback

Diagnostics

- All initial and repeat MRI and CT scans
- Bone density scans
- Surface electromyography (EMG)
- Unless otherwise specified in this list, all repeat individual diagnostic studies (series) having a billed amount greater than \$350.

Other

- Durable medical equipment (DME), prosthetics and/or orthotics, greater than \$500.00 billed (purchase or accumulated rental or combination of rental/purchase)
- Gym memberships
- Texas Department of Insurance, Division of Workers' Compensation (DWC) Pharmacy Closed Formulary per 28 TAC §134, Subchapter F.

Alternative Treatment

- Acupuncture outside ODG
- Acupressure
- Yoga

Rehab Programs

- Work conditioning
- Work hardening
- Chronic pain management program
- Medical rehabilitation
- Brain and spinal cord rehabilitation
- Chemical dependency programs
- Weight loss programs

Nursing Home

- Skilled nursing facility, including skilled care within the same facility
- Convalescent care
- Residential care
- Assisted living/group homes

Psychological Testing and Psychotherapy

- Subsequent evaluations
- Subsequent tests or testing
- Therapy

WorkWell, TX Service Area County List

A

Anderson
Andrews
Angelina
Aransas
Archer
Armstrong
Atascosa
Austin

B

Bailey
Bandera
Bastrop
Baylor
Bee
Bell
Bexar
Blanco
Bosque
Bowie
Brazoria
Brazos
Briscoe
Brooks
Brown
Burleson
Burnet

C

Caldwell
Calhoun
Callahan
Cameron
Camp
Carson
Cass
Castro
Chambers
Cherokee
Clay
Cochran
Coke
Coleman
Collin
Colorado

Comal
Comanche
Concho
Cooke
Coryell
Crane
Crosby

D

Dallam
Dallas
Dawson
Deaf Smith
Delta
Denton
Dewitt
Dickens
Donley
Duval

E

Eastland
Ector
El Paso
Ellis
Erath

F

Falls
Fanin
Fayette
Fisher
Floyd
Fort Bend
Franklin
Freestone
Frio

G

Gaines
Galveston
Garza
Gillespie
Glasscock
Goliad
Gonzales

Gray
Grayson
Gregg
Grimes
Guadalupe

H

Hale
Hall
Hamilton
Hansford
Hardin
Harris
Harrison
Hartley
Haskell
Hays
Hemphill
Henderson
Hidalgo
Hill
Hockley
Hood
Hopkins
Houston
Howard
Hudspeth
Hunt
Hutchinson

I

Irion

J

Jack
Jackson
Jasper
Jefferson
Jim Hogg
Jim Wells
Johnson
Jones

K

Karnes
Kaufman

Kendall
Kenedy
Kent
Kerr
Kimble
Kleberg

L

Lamar
Lamb
Lampasas
Lavaca
Lee
Leon
Liberty
Limestone
Lipscomb
Live Oak
Llano
Loving
Lubbock
Lynn

M

Madison
Marion
Martin
Mason
Matagorda
McCulloch
McLennan
McMullen
Medina
Menard
Midland
Milam
Mitchell
Montague
Montgomery
Moore
Morris
Motley

N

Nacogdoches
Navarro

Newton
Nolan
Nueces

O

Ochiltree
Oldham
Orange

P

Palo Pinto
Panola
Parker
Parmer
Pecos
Polk
Potter

R

Rains
Randall
Reagan
Real
Red River
Reeves
Refugio
Roberts
Robertson
Rockwall
Runnels
Rusk

S

Sabine
San Augustine
San Jacinto
San Patricio
San Saba
Schleicher
Scurry
Shackelford
Shelby
Sherman
Smith
Somervell
Starr

Stephens
Sterling
Stonewall
Swisher

T

Tarrant
Taylor
Terry
Throckmorton
Titus
Tom Green
Travis
Trinity
Tyler

U

Upshur
Upton
Uvalde

V

Van Zandt
Victoria

W

Walker
Waller
Ward
Washington
Webb
Wharton
Wichita
Wilbarger
Willacy
Williamson
Wilson
Winkler
Wise
Wood

Y

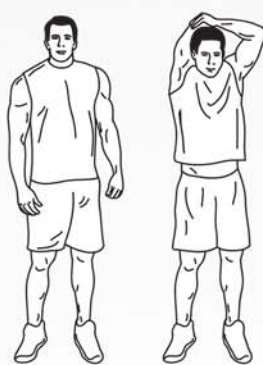
Yoakum
Young

warm up

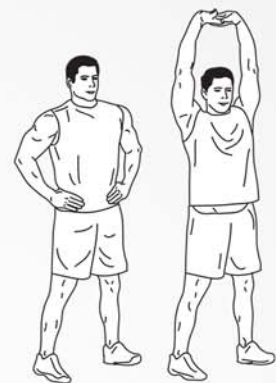
6 reps each @ neilarey.com



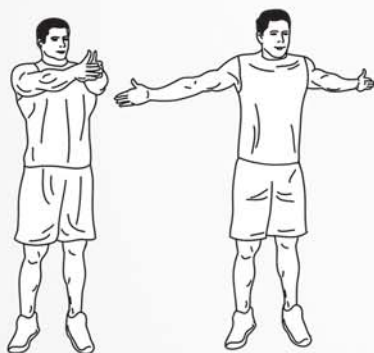
neck stretch



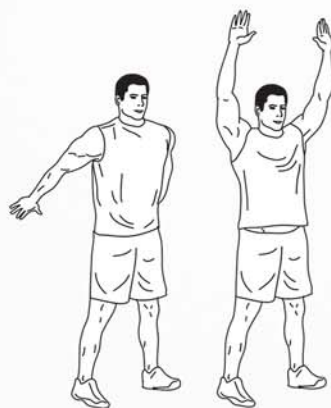
tricep stretch



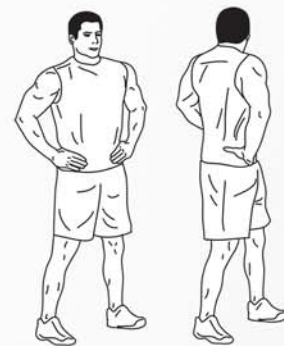
shoulder stretch



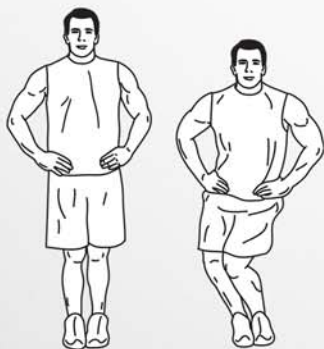
dynamic chest



dynamic back



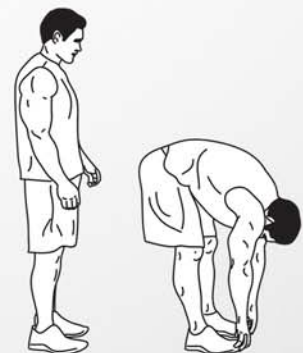
mid back turns



knee circles



hip circles



toe touches



Protecting Yourself from Heat Stress

Heat stress, from exertion or hot environments, places workers at risk for illnesses such as heat stroke, heat exhaustion, or heat cramps.

Heat Stroke

A condition that occurs when the body becomes unable to control its temperature, and can cause death or permanent disability.

Symptoms

- High body temperature
- Confusion
- Loss of coordination
- Hot, dry skin or profuse sweating
- Throbbing headache
- Seizures, coma

First Aid

- Request immediate medical assistance.
- Move the worker to a cool, shaded area.
- Remove excess clothing and apply cool water to their body.

Heat Exhaustion

The body's response to an excessive loss of water and salt, usually through sweating.

Symptoms

- Rapid heart beat
- Heavy sweating
- Extreme weakness or fatigue
- Dizziness
- Nausea, vomiting
- Irritability
- Fast, shallow breathing
- Slightly elevated body temperature

First Aid

- Rest in a cool area.
- Drink plenty of water or other cool beverages.
- Take a cool shower, bath, or sponge bath.

Heat Cramps

Affect workers who sweat a lot during strenuous activity. Sweating depletes the body's salt and moisture levels.

Symptoms

- Muscle cramps, pain, or spasms in the abdomen, arms or legs

First Aid

- Stop all activity, and sit in a cool place.
- Drink clear juice or a sports beverage, or drink water with food.
 - Avoid salt tablets.
- Do not return to strenuous work for a few hours after the cramps subside.
- Seek medical attention if you have the following: heart problems, are on a low-sodium diet, or if the cramps do not subside within one hour.

Protect Yourself

Avoid heavy exertion, extreme heat, sun exposure, and high humidity when possible. When these cannot be avoided, take the following preventative steps:

- Monitor your physical condition and that of your coworkers for signs or symptoms of heat illnesses.
- Wear light-colored, loose-fitting, breathable clothing such as cotton.
 - Avoid non-breathable synthetic clothing.
- Gradually build up to heavy work.
- Schedule heavy work during the coolest parts of day.
- Take more breaks when doing heavier work, and in high heat and humidity.
 - Take breaks in the shade or a cool area.
- Drink water frequently. Drink enough water that you never become thirsty.
- Be aware that protective clothing or personal protective equipment may increase the risk of heat-related illnesses.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

www.cdc.gov/niosh/topics/outdoor/

DHHS (NIOSH) Publication No. 2010-114

Telephone: 1-800-CDC-INFO

TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov



HOW TO

LIFT SAFELY

KEEP YOUR BACK UPRIGHT

BEND YOUR KNEES UNTIL YOUR THIGHS ARE LEVEL WITH THE FLOOR BEFORE LIFTING

USE YOUR LEG AND BUTTOCKS MUSCLES TO DO THE LIFTING AND LOWERING, NOT YOUR WEAKER BACK MUSCLES

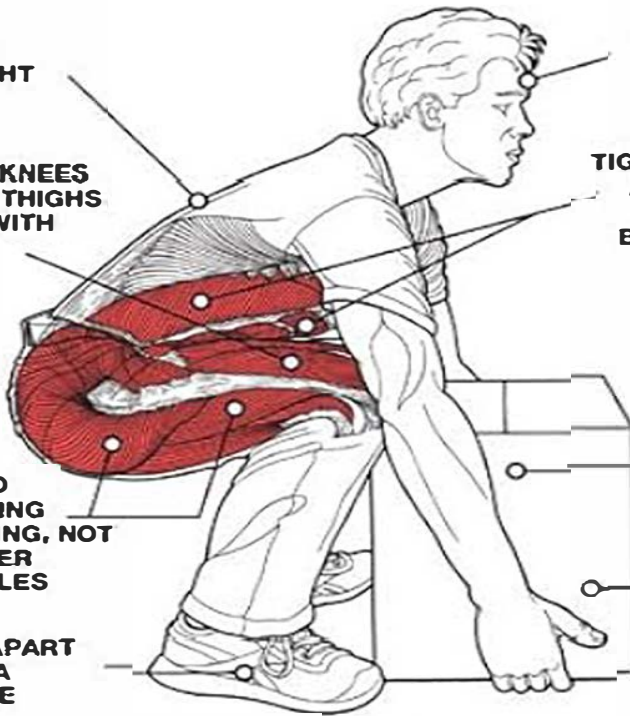
FEET WIDE APART TO CREATE A STABLE BASE

KEEP YOUR HEAD UP

TIGHTEN YOUR ABDOMINAL MUSCLES BEFORE AND DURING LIFTING

KEEP LOAD CLOSE TO YOUR BODY

DO NOT LIFT LOADS THAT ARE TOO HEAVY OR BULKY



To lift safely your leg and butt muscles must do all the work, not your weaker back muscles.

You must keep your back upright, head up, abdominal muscles tight, and the load close to your body.

SAFE LIFT SEQUENCE

1



Start with your feet wide apart and your toes turned out to create a stable base. The load needs to be in close to your body. Bend your knees until your legs are level and your rear end is low. Your back is upright with your head up. Tighten your abdominal muscles before you lift and test the load to determine how heavy it is.

2



With a smooth upward movement, use your large and powerful leg and buttock muscles to do all the lifting while keeping your abdominal muscles tight and your back upright. Doing so keeps harmful force off of your weaker low back muscles.

3



Continue lifting smoothly while keeping your abdominal muscles tight, back straight, head up, load tight to your body as your leg and buttock muscles do all the work. Do not twist or rotate as this can cause injury.

4



Lift until you are fully upright and have a small arch in your low back.

When you are putting the load down, reverse the sequence making sure you use all of the proper techniques that allow the leg and buttock muscles to do all of the lowering.

CAUTION

LIFTING CARELESSLY MAY CAUSE LOW BACK HURRY

YOUR REAR END IS UP WAY TOO HIGH

YOUR LEG AND BUTTOCKS MUSCLES ARE IN A POOR POSITION TO DO LIFTING AND LOWERING

YOU HAVE VERY LITTLE BEND IN YOUR KNEES

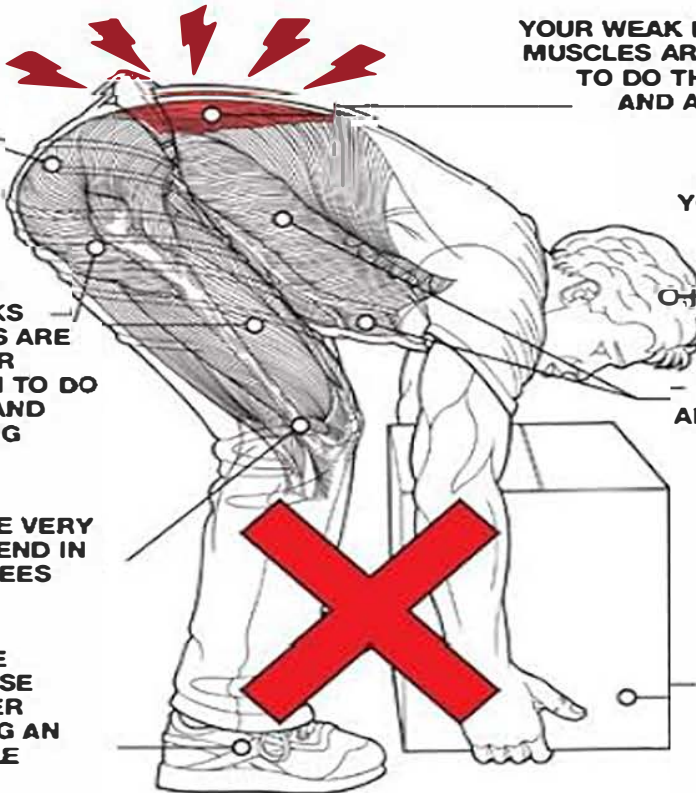
FEET ARE TOO CLOSE TOGETHER CREATING AN UNSTABLE BASE

YOUR WEAK LOW BACK MUSCLES ARE FORCED TO DO THE LIFTING AND ARE OFTEN INJURED

YOUR HEAD IS DOWN AND OVER THE LOAD

RELAXED ABDOMINAL MUSCLES DON'T HELP SUPPORT YOUR LOW BACK

LOAD IS TOO FAR AWAY FROM YOUR BODY



Most back injuries occur from unsafe lifting with your rear end high, rounded back, head down, and the load being too far away from your body. This improper

position doesn't allow your powerful leg and buttock muscles to do the work and places harmful force on your low back.