

safeTstep® Worker's Compensation Reimbursement Program Limited Warranty

The safeTstep® Worker's Compensation Reimbursement Program Limited Warranty will provide reimbursement for any medical expense paid by the Company that are directly attributable to injuries sustained by an employee of the Company resulting from a slip and fall accident while wearing shoes purchased from safeTstep subject to the terms and conditions of the safeTstep® Worker's Compensation Reimbursement Program Limited Warranty.

Upon occurrence of any accident covered under the safeTstep® Worker's Compensation Reimbursement Program Limited Warranty, Company must report the same to safeTstep (on form to be provided by safeTstep) which report must be received by safeTstep within twenty-one (21) days of the occurrence of such accident. Failure to so notify within the stated time period will result in denial of the claim. This form must be completed and signed by the manager of the facility where the accident occurred or by the corporate officer responsible for safety or risk management and must be notarized.

In addition to the completed safeTstep Reimbursement Claim Report, the company must also provide the following:

- Copy of the company's Workers Compensation claim report to the Workers Compensation insurance carrier or claims adjustor OR your internal injury investigation report
- Copy of the documentation of the payment of the direct medical expenses subject to reimbursement under this program
- Proof of purchase of safeTstep shoe being worn at the time of the accident

The initial claim report and all supporting documentation should be sent to:

Payless ShoeSource, Inc.
Risk Insurance Department
3231 S.E. Sixth Avenue
Topeka, KS 66607-2207
Fax: (785) 295-2080

Claim forms are available at www.safeTstep.com.