

Acknowledgement of Receipt of New Workers' Compensation Program Material

I, _____, received the Everest National Insurance Company
(Employee Name)

MPN information from my employer, _____, on _____
(Employer Name) (Date)

Employee Information:

(Employee's Name – Please PRINT)

(Employee's Date of Birth) (Employee's Date of Hire)

I have read and understand the MPN information given me.

(Employee Signature) (Date)

(Note to Employer: Retain the completed form in employee's personnel file)