



Employer MPN: Distribution & Acknowledgement Form
New Policy Only

Mandatory Acknowledgement of Receipt & Implementation of MPN

On _____, I _____ distributed
(date) (Company Representative First & Last Name)

The MPN Implementation Notice on Behalf of my employer by method of:

(Describe method of distribution such as attached to paychecks, hand out, email)

to all employees of _____, Policy _____
(Company Name) (Policy Number)

In addition, we have posted the red **'Notice to Employees – Injuries Caused by Work'** postings notices in an area accessible to all of our employees. We have posted the **'Medical Provider Network (MPN)'** posters next to the red **'Notice to Employees – Injuries Caused by Work'** poster. We also agree to distribute the **'Employee MPN Implementation Notice'** upon policy inception and incorporate the notice as part of our new hire packet.

(Signature of Company Representative)

(Date)

(Signature of Company Witness)

(Date)

Mail To:
CompWest Insurance Company
PO Box 12859
Newport Beach, CA 92658

Fax To:
866-506-5800

Email to:
MPN@compwestinsurance.com