



Employer's name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Location Phone Number: \_\_\_\_\_

To be in compliance with the new California Workers Compensation requirements, I have:

- **Posted the new red "If a work injury Occurs" (8 1/2 "x 14") posting notice.**

In doing so I have removed the old poster and transferred the name of the MPN clinic to the new poster. I have also cut and pasted the name of the nearest Information and Assistance office information to the bottom of the notice. I have also posted the blue and orange MPN Notification booklet next to the posting notice.

- **Added the new "MPN Implementation Notice" and blue "Facts about Workers Compensation" pamphlet to our new hire kit.**

In doing so I have discarded the old "out of date" pamphlet. Note the one page "MPN Implementation Notice" replaces the MPN Notification booklet that is now posted next to the red posting notice for new employees.

- **Discarded the old DWC-1 multi page claim form and replaced it with the new version.**

Name \_\_\_\_\_  
(Please print)

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please fax to: (866) 506-5800 or scan and email this to: MPN@compwestinsurance.com

Or mail to: **CompWest Insurance**  
**PO Box 12859**  
**Newport Beach, CA 92658**