



**Mandatory acknowledgement of receipt/distribution of MPN Notification**

On \_\_\_\_\_, \_\_\_\_\_ distributed the attached  
(date) (first & last name)

**MPN NOTIFICATION** in both English and Spanish via

\_\_\_\_\_ to all employees of  
(Method of distribution)

\_\_\_\_\_  
(Company name)

\_\_\_\_\_  
(Policy Number)

**In addition we have posted CompWest Insurance's Workers' Compensation poster in an area accessible to all of our employees and we shall distribute the MPN notification to all new hires.**

\_\_\_\_\_  
Sign. Company Representative (date)

\_\_\_\_\_  
Witness (date)

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

Fax to:  
(866)506-5800

Cc: Policyholder