

# ACKNOWLEDGEMENT

Re: Workers' Compensation Coverage

By my signature below, I certify that I have received, from the employer identified below, the Employee Packet regarding workers' compensation. The Employee Packet I received contains the following:

1. Introductory letter from the Southwest Regional Council of Carpenters.
2. Workers' Compensation Addendum.
3. Overview of the Workers' Compensation Addendum.
4. Overview of the Alternative Dispute Prevention and Resolution System.
5. Overview of the Ombudsman's Role in the Alternative Dispute Prevention and Resolution System.
6. Overview of the Exclusive List of Medical Providers.

I also understand that I should retain these materials so that I have them available in case I suffer an injury as a result of working for this employer.

---

SIGNATURE

DATE

---

PRINT NAME

SSN #

-----  
TO BE COMPLETED BY EMPLOYER BEFORE EMPLOYEE SIGNS:

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_