

Acknowledgement of Receipt of New Workers' Compensation MPN Material

I, _____, received the Delos Insurance Group/TMC MPN information
(Employee Name)

from my employer on _____.
(Date)

Employee Information:

(Employee's Name – Please PRINT)

(Employee's Date of Birth)

(Employee's Date of Hire)

(Employee's Signature)

(Date)

Note to employer: Please retain the completed form in employee's personnel file.

(Employer Name)

(Policy Number)