

**Acknowledgement of Receipt of New Workers' Compensation MPN Material**

I, \_\_\_\_\_, received the Clarendon/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)

\_\_\_\_\_  
(Employer Name)

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

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