

Acknowledgement of Receipt Form

I, _____ acknowledge receipt of the Workers' Compensation Claim Form and Notice of Potential Eligibility from Extreme Reach.

I certify that I have read and understand the form(s) that have been provided to me.

Employee Signature _____

Phone Number _____

Supervisor Name _____

Supervisor Signature _____

Date _____

Thank you for your cooperation in this serious matter. Workers' Compensation fraud is a felony offense. If you have any suspicions regarding the legitimacy of a claim, please notify the Extreme Reach Risk Management department immediately.

Questions? Contact us at riskmanagement@extremereach.com