

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

I, _____, received the Genex MPN #2500 information from my employer,
(Employee Name)

(Employer Name) On _____
(Date)

Employee Information:

(Employee Name - Please Print)

(Employee's Date of Birth)

(Employee's Date of Hire)

I have read and understand the MPN information given to me.

(Employee Signature)

(Date)

(Note to Employer: Retain the completed form in the employee's personnel file)