

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

I, \_\_\_\_\_, received the Atlantic Specialty Insurance Company–  
(Employee Name)

Select MPN information from my employer, \_\_\_\_\_, on \_\_\_\_\_  
(Employer Name) (Date)

### Employee Information:

\_\_\_\_\_  
(Employee Name – Please Print)

\_\_\_\_\_  
(Employee's Date of Birth)

\_\_\_\_\_  
(Employee 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)**