



**Employer MPN: Distribution & Acknowledgement Form**  
**New Policy Only**

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**Mandatory Acknowledgement of Receipt & Implementation of MPN**

On \_\_\_\_\_, I \_\_\_\_\_ distributed  
(date) (Company Representative First & Last Name)

the **MPN Implementation Notice** on Behalf of my employer by method of:

\_\_\_\_\_  
(Describe method of distribution such as attached to paychecks, hand out, email)

to all employees of \_\_\_\_\_, Policy \_\_\_\_\_  
(Company Name) (Policy Number)

In addition, we have posted the red **“If a Work Injury Occurs.....”** postings notices in an area accessible to all of our employees. We have also posted the **‘Medical Provider Network (MPN)’** posters next to the red **“If a Work Injury Occurs.....”** poster. We also agree to provide all new employees the MPN Implementation Notice as part of their new hire packet.

\_\_\_\_\_  
(Signature of Company Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Company Witness)

\_\_\_\_\_  
(Date)

This MPN is administered by CompWest Insurance Company, on behalf of Third Coast Underwriters, a division of AF Group, and its subsidiaries. All policies are underwritten by a licensed insurer subsidiary of AF Group.

**Mail To:**

CompWest Insurance Company  
PO Box 40790  
Lansing, MI 48901 -7990

**Fax To:**

866-540-3893

**Email to:**

MPN@compwestinsurance.com

## Picture of Posting Notices

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Please provide a picture of your posting notices with the following information:

Company Name: \_\_\_\_\_

Date picture taken: \_\_\_\_\_

Who took the picture: \_\_\_\_\_

Job title: \_\_\_\_\_

Where the poster is located: \_\_\_\_\_

