

EMPLOYERS[®] EMP WV MHCP Initial Employee Acknowledgement Letter

Instruction: This letter should be provided to new employees at the time of hire and all current employees prior to the implementation of the EMP WV MHCP. The information in this letter should be placed on your company's letterhead and you should maintain documentation that you provided this information to your employees. The language on the Initial Employee Acknowledgement letter should not be modified or altered. However, you may add additional information if deemed appropriate—such as whom within the company employees should contact if they have questions about the letter.

EMPLOYERS West Virginia Managed Health Care Plan (EMP WV MHCP) Initial Employee Letter

{Date}

To All Employees:

This letter confirms that Employers Compensation Insurance Company, Employers Preferred Insurance Company, or Employers Assurance Company (EMPLOYERS), participates in the EMPLOYERS West Virginia Managed Health Care Plan (EMP WV MHCP) through Coventry Health Care Workers' Compensation, Inc. This program became effective as of <enter First policy effective date>.

IN THE EVENT YOU HAVE A WORKERS' COMPENSATION INJURY OR ILLNESS, NOTIFY YOUR MANAGER OR HUMAN RESOURCES REPRESENTATIVE AS SOON AS POSSIBLE

Your claim will be managed under the EMP WV MHCP. Upon notice of your injury, EMPLOYERS will distribute a copy of the Employee Notice, which conveys all the rules and responsibilities of the program.

If you need assistance to find a provider for these services, contact Coventry at **800-937-6824** option 1, 1, and 1. Or you can visit the provider locator website at www.employers.com/claims-services/ and select "West Virginia" from the drop-down list.

We are pleased to offer you these workers' compensation services in the event you have a work related injury or illness. If you have any questions about this EMP WV MHCP program, feel free to contact your Human Resources representative.

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EIG Services, Inc., an affiliated agency and adjuster

Employers Preferred Insurance Company | Employers Assurance Company
Employers Compensation Insurance Company | Employers Insurance Company of Nevada

Employee Acknowledgement Form

Please sign and date this form in the space below to indicate that you have received this information. Return this signed and dated form to your supervisor.

By signing this form, I confirm the following:

- I have received an initial letter and information from my employer about the use of the EMPLOYERS[®] West Virginia Managed Health Care Plan (EMP WV MHCP) for any work-related injury or illness;
- That in the event I have a work-related injury or illness, my care will be supported under the EMP WV MHCP;
- That at the time of injury, I will:
 - Immediately notify my supervisor about my injury/illness
 - Obtain more information from my employer and EMPLOYERS about my role and responsibilities under this program, including how to locate a provider and utilize only the medical providers available through the EMP WV MHCP if I sustain a work-related accident or illness except in cases of emergencies.

I also understand that if I go to a medical provider that is not included as part of the EMP WV MHCP for treatment of a workers' compensation claim that this treatment **may not** be authorized. I also understand there is a dispute and grievance process in place for any concerns I may have regarding the EMP WV MHCP. I understand my rights and responsibilities within the certified EMP WV MHCP and agree to comply with its provisions.

Sign and return to your employer supervisor

Employee Signature

Print Name

Date

Employer Name/Location

Employer Representative's Signature

Date

Note – This Acknowledgement Form will be kept in your employee file to confirm your receipt of initial notice about your employer's participation in the EMPLOYERS West Virginia Managed Health Care Plan in the event you have a work-related injury or illness.