

Receipt for Employee Information Packet:

I have this day, _____, received a copy of the Employee Information which includes the following:

C-3: Employee Claim for Compensation (return to local Workers' Compensation Board)

Instructions for how to fill out the C-3 form, including a toll free number for assistance (retain for your records)

Statement of Rights (retain for your records)

C-3.3: Limited Release of Health Information (return to NCAComp, Inc. at the enclosed address)

HIPAA Release (return to NCAComp, Inc. at the enclosed address)

Prescription Drug letter (retain for you records & present to your pharmacist)

NAME: _____

DATE: _____

EMPLOYEE SIGNATURE: _____