

# Acknowledgement of Receipt Form

I, \_\_\_\_\_ acknowledge receipt of the Workers' Compensation Claim Form and Notice of Potential Eligibility from XR Extreme Reach.

I certify that I have read and understand the form(s) that have been provided to me.

Employee Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your cooperation in this serious matter. Workers' Compensation fraud is a felony offense. If you have any suspicions regarding the legitimacy of a claim, please notify the XR Extreme Reach Risk Management department immediately.