

Note to Employer: A copy of this acknowledgement must be kept in all employees' personnel files.

**Acknowledgement of Receipt of
Employer's Notice of Medical Provider Network**

I acknowledge receipt of my Employer's announcement of its approved Medical Provider Network and have received a copy of Markel Insurance Company/FirstComp's notice of "Employee Guide to MPN" in the event of a work-related injury.

(Signature)

(Date)

(Employee's full name)

(Employer Name)