## Network Rollout - Employee Acceptance Log



Network: Zurich Services Corporation HCN												
Employee Nan	ne:											
Insurance Carr	rier:			_								
Policy Number	r:			_								
Notice of Netv	work Requirements			Employee Acknowledgement Form								
Type of Notice (initial, New Hire, or Post Injury)	Employee Name (Last, First)	Employee ID# (if not applicable, use last 4 digits of SS number)	How was document delivered to employee? (hand delivery, mailed, electronic)	Where was the document sent? (home, Business)	Delivery Date (mm/dd/yy)	Was Form Returned? (Yes/No)	Did Employee Sign Form? (Yes/No)	Employee Signature/ Refusal Date (mm/dd/yy)				
Initial	Smith, Joseph	71061	hand delivery	business	01/15/2007	Yes	Yes	01/06/2007				

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## Network Rollout - Employee Acceptance Log (continued)



Notice of Network Requirements							Employee Acknowledgement Form		
Type of Notice (initial, New Hire, or Post Injury)	Employee Name (Last, First)	Employee ID# (if not applicable, use last 4 digits of SS number)	How was document delivered to employee? (hand delivery, mailed, electronic)	Where was the document sent? (home, Business)	Delivery Date (mm/dd/yy)	Was Form Returned? (Yes/No)	Did Employee Sign Form? (Yes/No)	Employee Signature/ Refusal Date (mm/dd/yy)	
Initial	Smith, Joseph	71061	hand delivery	business	01/15/2007	Yes	Yes	01/06/2007	
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