

**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)

DT-1: Notice That Claimant Must Arrange for Diagnostic Tests & Examinations Through a Network Provider

DD-1: Direct Deposit Authorization Form (return to NCAComp, Inc.)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_