

# Acknowledgement of Receipt Form

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

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 Extreme Reach Payroll Solutions Risk Management department immediately.

Any questions? Get in touch with Aldo Cammarota, Dir. of Risk Management at [aldo.cammarota@extimereach.com](mailto:aldo.cammarota@extimereach.com) or (w) 818.568.1801 (m) 818.217.5941