



EMPLOYEE CONFIRMATION LETTER

I have received the HCO State Enrollment Form and the CompPartners HCO Plan Enrollment and Membership Information brochure.

I acknowledge that my employer has posted the provider listings for the HCO.

I acknowledge that if I do not complete the enrollment forms and return it to my employer within 30 days my employer will enroll me in the CompPartners HCO.

I acknowledge that this letter pertains to worker's compensation only. This is not a health plan. This applies only to work related injuries or work related illnesses.

_____ Signature	_____ Date
_____ Print Name	_____ Name of Employer (Company)
_____ Social Security Number	

僱員確認書 **(Chinese)**

我已收到州 HCO 醫療組織的入會登記表和 CompPartners 醫療組織計劃會員須知手冊。

我確認我的僱主已公佈貼出 HCO 醫療組織的醫療提供機構的名單。

我確認如果我沒有在 30 天內填寫好入會申請表並將該表送回給我的僱主，僱主會給我辦手續加入 CompPartners 醫療組織計劃。

我確認這封信僅與勞工賠償福利有關。這不是醫療保健計劃。這僅適用於因工傷害或因工患病。

_____ 簽字	_____ 日期
_____ 姓名（正體書寫）	_____ 僱主姓名（公司名）
_____ 社會安全號碼	