

Instructions for MPN Implementation Notice

The MPN Implementation Notice form is on the next page

1. Enter the name and address of your state agency at the top of the notice.
2. Distribute this notice to new employees at the time of hire, or to all employees if you are a new State Fund policyholder.
3. Obtain the employee's signature acknowledging that they have reviewed and received a copy of the notice.
4. Provide the employee a copy and retain the original signed notice in the employee's personnel file.



STATE OF CALIFORNIA

Please enter the address of your state agency in the field above.

MPN Implementation Notice

Unless you predesignate a physician or medical group, your new work injuries arising on or after **1/1/2006** will be treated by providers in the State Fund Medical Provider Network. If you have an existing injury, you should continue treatment with your current primary treating physician. If you sustain a new work injury, treatment for this injury should be obtained through the State Fund Medical Provider Network. You may obtain more information about the MPN from the workers' compensation poster or from your employer.

I declare under penalty of perjury that I have reviewed and received a copy of the MPN Implementation Notice.

Printed Name

Signature

Date

STATE OF CALIFORNIA

Por favor, escriba la dirección de su agencia estatal en el campo de arriba.

Aviso de Aplicación de Red de Proveedores MPN

A menos que usted designe previamente a un doctor o un grupo médico, las lesiones que sufra en el trabajo en o después del **1/1/2006** serán tratadas por profesionales de la red de proveedores médicos (Medical Provider Network) de State Fund. Si tiene una lesión existente, debe continuar su tratamiento con el médico primario que lo trata actualmente. Si sufre una lesión nueva, debe obtener tratamiento mediante la red de proveedores médicos de State Fund. Puede obtener más información acerca de la red de proveedores MPN del póster sobre compensación a los trabajadores o de su patrón.

Declaro bajo pena de perjurio que he recibido y revisado una copia del Aviso de Aplicación de Red de Proveedores MPN.

Escriba Nombre con letra de molde

Firma

Fecha