

# Basic Crafts Workers' Compensation Benefits Trust Fund

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## ACKNOWLEDGMENT

Re: Workers' Compensation Coverage

By my signature below, I certify that I have received, from the employer identified below, the Employee Packet regarding workers' compensation. The Employee Packet I received contains the following:

1. Introductory letter;
2. Basic Crafts Workers' Compensation Benefits Trust Fund Addendum;
3. Medical Providers Exclusive List;
4. Overview of the Basic Crafts Workers' Compensation Benefits Trust Fund Addendum;
5. Overview of the Alternative Dispute Prevention and Resolution System;
6. Overview of the Exclusive Lists of Medical Providers; and
7. Overview of the Ombudsman's Role.

I also understand that I am to review and retain these materials so that I have them available in case I suffer an injury as a result of working for this employer.

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Signature

Date

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Print Name

SSN

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TO BE COMPLETED BY EMPLOYER BEFORE EMPLOYEE SIGNS

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_