CopperPoint Insurance Companies

Phone: 602.631.2300
Toll Free: 1.800.231.1363
3030 N 3rd Street | Phoenix AZ 85012-3068
copperpoint.com

EMPLOYEES NOTICE TO REVOKE REJECTION OF THE TERMS OF THE WORKERS COMPENSATION LAW

Policy No.: _____ Date: _____

To: _____
Full Name of Employer

_____
Address of Employer in Full

I hereby revoke the notice of rejection of the terms of the workers' compensation law signed by me on: _____
Date:

_____ _____
Employee Sign Here | Social Security No. of Employee

_____ _____
Employee Print Name Here | Address of Employee

NOTE: This notice is of no effect unless it is filled out in duplicate and served upon the employer. The employer shall, in all cases, within five days of receipt of the notice, file the original with CopperPoint Insurance Companies. The second copy may be retained for the employer's file.

Return Original To: CopperPoint Insurance Companies, 3030 North 3rd Street, Phoenix, AZ 85012-3068
Employer – Retain copy for your file