

EMPLOYEE'S NOTICE OF REJECTION OF TERMS OF THE ARIZONA
WORKERS' COMPENSATION LAW

POLICY NO. _____ DATE _____

To _____
(Full Name of Employer)

(Address of Employer in Full)

YOU ARE HEREBY NOTIFIED THAT THE UNDERSIGNED ELECTS TO REJECT THE TERMS, CONDITIONS
AND PROVISIONS OF THE LAW FOR THE PAYMENT OF COMPENSATION, AS PROVIDED BY THE
COMPULSORY COMPENSATION LAW OF THE STATE OF ARIZONA, AND ACTS AMENDATORY THERETO.

(Employee Print Name Here)

(Social Security Number of Employee)

(Address of Employee)

(Signature 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 a copy with the workers' compensation insurance carrier.