



*Office of Risk Management and Safety*

A&M System Building • 200 Technology Way, Suite 1120 • College Station, Texas  
77845-3424

Phone 979.458.6330 • Fax 979.458.6247 • Campus Mailstop 1262 • Web [tamus.edu](http://tamus.edu)

**NOTICE TO EMPLOYEES OF WORKERS' COMPENSATION INSURANCE**

Notice is hereby given to all persons employed in the service of and on the payroll of the institutions and agencies under the direction and governance of the Board of Regents of The Texas A&M University System that Workers' Compensation Insurance coverage is provided in accordance with Chapter 502 of the Texas Labor Code.

I hereby acknowledge receipt of this notice that Workers' Compensation Insurance has been provided as above stated.

Date: \_\_\_\_\_

Employee's Printed Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Part of System: \_\_\_\_\_

Department: \_\_\_\_\_

**This form may not be altered.**

**Retain in Employee's Personnel File**