



Office of Risk Management
THE TEXAS A&M UNIVERSITY SYSTEM

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 Name

Employee Signature:

UIN:

System Member:

Department:

**This form may not be altered.
Retain in Employees Personnel File**