EK Health
Transforming Managed Care™

Berkley Entertainment
a Berkley Company

Illinois Workers' Compensation PPP - Employee Notice Delivery & Acknowledgment Form Log

Use this log to record your delivery of the required network Notice to employees and any written Opt-out's.

Employer Name:

Notice of Network Requirements						Written Opt-Out	
Entry Date	Date of Injury	Last Name, First Name	Date Mandatory Form provided	Method of delivery	Location (home, business, other)	Date Written Opt-out received	Comments