

**ICW Group/Coventry
Texas Health Care Network ("HCN") Notice of Distribution Affidavit**

Insured/Employer Name:	
Street Address:	
City, State, and Zip:	
Phone:	
ICW Group Policy #:	

I. Employer Requirements:

- I acknowledge that the Employer named above has distributed the **Texas HCN Employee Notification Materials** and the **Employee Acknowledgement Forms** on the Distribution Date shown below to each of its current employees located in the Network Service Area.
- I acknowledge that the Employer named above has collected the signed **Texas HCN Employee Acknowledgement Forms** and will be keeping such forms on file as required under Texas law.
- I acknowledge that the Employer named above will also distribute the **Texas HCN Employee Information Materials** and collect the **Texas HCN Employee Acknowledgement Forms** for each new employee hired after the Distribution Date noted below.
- I acknowledge that the Employer named above will provide a copy of the **Texas HCN Employee Notification Materials** to the injured employee in the event of a workplace accident or notice of injury.

II. Declaration:

On this Distribution Date, the Employer above distributed the Texas HCN Employee Notification Materials and fulfilled the Requirements noted above.

Distribution Date (MM/DD/YYYY):

_____ Date (Print or Type)

Name of Employer Representative:

_____ First & Last Name (Print or Type)

Job Title of Employer Representative:

_____ Job Title (Print or Type)

As the Employer Representative, by signing below, I declare under penalty of perjury under the laws of the State noted below that the foregoing is true and correct and that this declaration was executed on the Date at the City and State noted below.

Signature of Employer Representative:

_____ Employer Representative Signature

Signature Date (MM/DD/YYYY):

_____ Date (Print or Type)

Employer Representative City & State:

_____ City/State (Print or Type)

Send this HCN Notice of Distribution Affidavit to the ICW Group Network Coordinator:

By email: networkcoordinator@icwgroup.com
 By mail: ICW Group
 c/o WC Claims
 PO Box 509039
 San Diego, CA 92150-9039