

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

POLICY NO. _____ DATE _____

To _____
(Full Name of Employer)

(Address of Employer in Full)

I HEREBY REVOKE THE NOTICE OF REJECTION OF THE TERMS OF THE ARIZONA WORKERS'
COMPENSATION LAW SIGNED BY ME ON _____.

(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.