Broadspire MPN Attestation Form - To be completed by employer

Policy Holder (First Named Insured on Policy):

Policy Number:

Employer’s Contact Person:

Contact Person’s Phone Number:

Contact Person’s Email Address:

Confirm the DWC-7 form fields are completed and the DWC-7 has been posted at the insured’s worksite location in an area readily accessible to all employees.

Sign and return this form to Scott Nigus @ scott.nigus@choosebroadspire.com who will activate the MPN indicator in the claims and bill repricing systems.

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Signature Employer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name Date Signed *(Effective MPN)*