



**Workers' Compensation Board  
And State Board of  
Workers' Compensation Bill of Rights for the  
Injured Worker Receipt Page**

I the undersigned, have received a list of the authorized members on the City of Roswell's Board of Workers' Compensation providers and/or facilities.

I have also been given a copy of form O.C.G.A., 34-9-81.1, State Board of Workers' Compensation Bill of Rights for the Injured Worker. I have had my rights and responsibilities explained to me and I understand and will abide by these rights and responsibilities.

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Printed Name

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Date

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Signature

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Department