
REQUEST FOR EMPLOYER DESIGNEE TO RECEIVE NOTICE OF EMPLOYEE CLAIMS



This form is to be used only for employers to designate a person to receive a copy of each Notice of Employee's Claim (C-30) pursuant to Regulation 14.09.01.23(c)(2). *Please note that this request will apply to all locations with the identical Employer name, regardless of the address. For special circumstances, please contact the Claims Division.*

Name of Employer: _____

Address: _____

Telephone Number: _____

The above-named employer, pursuant to Regulation 14.09.01.23(c)(2), requests that a copy of each Notice of Employee's Claim (C-30) filed against it be sent to:

Name of Designee: _____

Address: _____

Telephone Number: _____

Requested By: _____
Employer

Authorized Signature

Date

Title _____ **Telephone Number** _____

Address _____

WCC Form H23R (06/15/09)