

Arkansas Insurance Department

Asa Hutchinson
Governor



Allen Kerr
Commissioner

Employee's Acknowledgement of Form AR-N

Employee Name: _____

Date of Accident: _____

Employer: _____

I, _____, acknowledge that I have received a copy of the front
(employee's name)
and back of the Form AR-N Employee's Notice of Injury related to a work-related accident that
happened on _____.
(date of injury)

Employee Printed Name

Employee's Signature

Date