

# Arkansas Insurance Department

Asa Hutchinson  
Governor



Allen Kerr  
Commissioner

## Employee's Acknowledgement of Form AR-N For Workers' Compensation Benefits

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