

PROOF OF SERVICE – MAIL DELIVERY

I declare that I am over eighteen (18) years of age. My business address:

On _____ (date), I served the Employee Claim for Workers' Compensation Benefits form by placing a true copy enclosed in a sealed envelope with postage fully prepaid in the United States mail addressed as follows:

Employee Name _____

Employee Address _____

City/State/Zip _____

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on _____ (date),
at _____, CA.

Signature

Print Name