



BERKSHIRE HATHAWAY HOMESTATE COMPANIES

REPRESENTING FINANCIAL STRENGTH & INTEGRITY

P.O. BOX 881716, SAN FRANCISCO, CA 94188 | PHONE: (888) 495-8949

BHHHC MPN Employee Notification Affidavit

Insured Name: _____
Policy#: _____

Please provide the name and phone number of the person who distributed the packets to the employees.

Name: _____ Phone: _____

Distribution Method:

Check One:

- Via US Mail
- Payroll Stuffer
- All Employee Meeting
- Individual Distribution
- E-mail

By signing and dating this affidavit, you attest to having distributed the BHHHC Medical Provider Network employee notification packet to each employee of record and agree to provide the packet to new employees at time of hire.

Name (Please Print): _____ Signature: _____ Date: _____

Please disregard this notice if you previously submitted your MPN Affidavit to BERKSHIRE HATHAWAY HOMESTATE COMPANIES.

PLEASE COMPLETE THIS FORM AND RETURN BY FAX TO:
(866) 348-3588