



Instructions

- Please print or type.
• Make sure to enter four digits for the year in all date fields.
• MCO rep: Follow the distribution list at the bottom.

Form with fields for Injured worker name, Claim number, Address, City, State, Nine-digit ZIP code, and a table with columns: Description of tool or equipment, QTY, Cost, Date item loaned, Date item returned, Date item released. Rows A through G.

I, the injured worker, understand that BWC is loaning the items above to me, and they will remain the property of BWC until released to me in writing. I understand BWC may require me to replace lost or damaged items, unless the damage is due to normal wear and tear.

The MCO representative will complete this Release statement, and transfer these items to me after 90 days of employment. I agree to return these items to the MCO representative if this employment is not maintained for ninety 90 days.

Loan agreement section with title 'Loan agreement', a statement 'I have received the above described item(s) from my MCO representative.', and signature fields for Injured worker and Authorized MCO representative with Date fields.

Return statement section with title 'Return statement', a statement 'The above described item(s) will be returned to BWC by my MCO representative.', and signature fields for Injured worker and Authorized MCO representative.

MCO Release statement section with title 'MCO Release statement', a statement 'The above described item(s) as indicated by my signature and today's date were released to the injured worker because I determined the item(s) would be necessary to be used in his/her employment. The injured worker has remained employed 90 days after returning to work as a result of a rehab plan.', and signature fields for Authorized MCO representative and Date.

Distribution: BWC claim file, injured worker, injured worker representative, employer, employer representative, MCO