



# TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

## Employee Acknowledgement of PSWCA Direct Contracting Program

I have received information that informs me of my employer's election to utilize the Political Subdivision Workers Compensation Alliance (Alliance) and how to obtain health care if I should suffer a work related injury/illness.

If I am injured on the job, I understand that:

1. I must choose a treating doctor from the list of contracted providers provided by my employer or obtain the list myself from [www.pswca.org](http://www.pswca.org)
2. I must go to my treating doctor for all health care related to my injury. If I need a specialist, my treating doctor will refer me. If I require emergency care I may go anywhere.
3. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and/or imprisonment.
4. Additional information regarding the Alliance is available on TACRMP's website at [www.county.org](http://www.county.org)

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Signature

Date

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Printed Name

I live at \_\_\_\_\_

Street Address

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City, State, Zip Code

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Name of Employer

**Please indicate whether this is the:**

**Initial Employee Notification**

**Date of Injury Notification (date of injury \_\_\_/\_\_\_/\_\_\_)**

**PLEASE RETURN THIS FORM TO YOUR EMPLOYER**