

CSUB

PRE-DESIGNATION FORM

An employee may be treated for a work-related illness or injury by a particular medical provider if, CSUB Foundation, has been notified in writing **prior** to the date of injury. If notification is not on file at the time of injury, CSUB Foundation, by law has the right for the first 30 days following the injury to direct medical care and treatment offered to the employee.

<p>_____ Should I sustain a work-related injury, I have “no preference” as to who my medical provider will be an will be sent to the nearest medical facility or, CSUB Foundation, designated medical facility.</p> <p>_____ I wish to pre-designate the following medical provider to treat me if I sustain a work-related injury.</p> <p>_____</p> <p>Provider Name</p> <p>_____</p> <p>Provider Address/Telephone Number</p>
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I have read and understand the above information about my Workers’ Compensation Pre-Designation rights. I also understand that should this information change it is my responsibility to provide updated information to CSUB, Foundation.

Employee’s Signature

Date