UNIVERSITY of ARKANSAS AT PINE BLUFF 1873

^^**HUMAN RESOURCES**

TO: ALL EMPLOYEES & MANAGERS

FROM: Cynthia A Hunter, Benefits Manager

DATE: May 5, 2026

DATE: UPDATED FORM H – WORKER'S COMPENSATION NOTICE

Please be advised that the updated Form H (Health Care Notice for Managed Care), as required by the Arkansas Workers' Compensation Commission (AWCC), is now available. All managers are instructed to discard the current Form H posted in their departments and replace it with the updated version attached. All other employees are encouraged to retain a copy for your records.

Form H is a mandatory document that informs employees of the Managed Care Organization (MCO) or Internal Managed Care System (IMCS) designated by the employer for the treatment of work-related injuries (workers' compensation). This notice is provided in accordance with Rule 099.33 and identifies the authorized healthcare providers for such injuries.

To ensure compliance and awareness, the updated Form H must be posted in a visible location that is readily accessible to all employees.

If you have any questions, please do not hesitate to contact me at 870-575-8863 or via email at hunterc@uapb.edu.

Thank you for your cooperation.

Attachment