



Injured worker name					Claim number	
Address			City		State	Nine-digit ZIP code -
Description of tool or equipment	QTY	Cost	Date item loaned	Date item returned	Date item released	
A						
B						
C						
D						
E						
F						
G						

I, the injured worker, understand 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 managed care organization (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 90 days.

Warning: Any person who obtains compensation or benefits from BWC or self-insuring employers by knowingly misrepresenting or concealing facts, making false statements, or accepting compensation or benefits to which he/she is not entitled, is subject to felony criminal prosecution for fraud.

**Loan agreement**

I have received the above described item(s) from my MCO representative.

Injured worker signature	Date
Authorized MCO representative signature	Date

**Return statement**

The above described item(s) will be returned to BWC by my MCO representative.

Injured worker signature	Authorized MCO representative signature
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**MCO release 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.

Authorized MCO representative signature	Date
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