



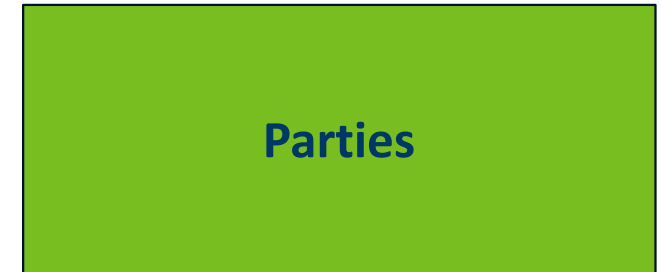
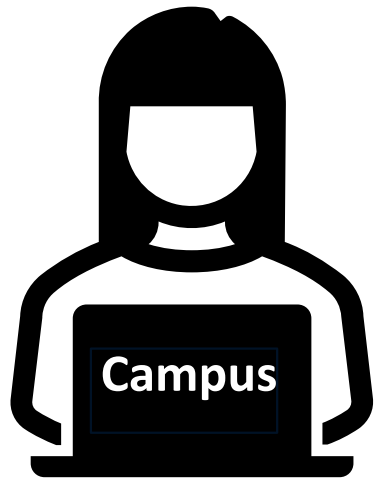
# DEPARTMENT OF LABOR AND INDUSTRY

WORKERS' COMPENSATION

## Affidavit of service



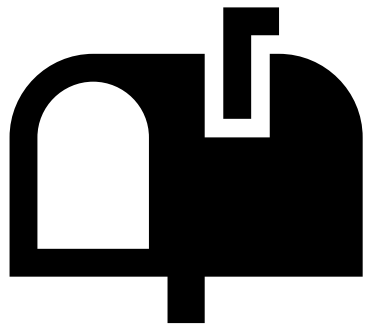
# Work Comp Campus facilitates serving documents



# Service of affidavit

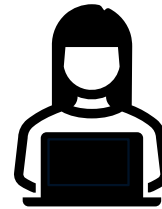


Electronically



U.S. mail

## Potential parties and representatives to be served



Insurer



Third-party administrator  
for the insurer



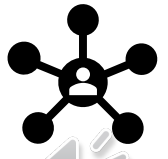
Legal representative



Employee



Heirs or dependents of  
an employee



Employer or self-insured  
employer



# Selecting parties to be served

## Affidavit of Service

### Parties

Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

+ Add Service Recipient

Serve Party	Name	Role	Address	Service Method	Service Date	
<input checked="" type="checkbox"/>	MAY JONES	Employee	5203 SCOT TRL ROBBINSDALE, MN 55422	US Mail	Choose a date * 5/7/2024	 <a href="#">Edit Address</a>
<input type="checkbox"/>	Snow Paralegal	Paralegal	ctestng719+snow@gmail.com	None		
<input checked="" type="checkbox"/>	Mountain Attorney	Service of Process Designee for Mountain Law Firm	ctestng719+mountain@gmail.com	Electronic	5/7/2024	
<input checked="" type="checkbox"/>	Snow Paralegal	Service of Process Designee for Mountain Law Firm	ctestng719+snow@gmail.com	Electronic	5/7/2024	
<input checked="" type="checkbox"/>	N E W PLASTICS CORP	Insured	112 4TH ST LUXEMBURG, WI 54217	US Mail	Choose a date * 5/7/2024	 <a href="#">Edit Address</a>
<input type="checkbox"/>	N E W PLASTICS CORP	Employer	112 4TH ST LUXEMBURG, WI 54217	None	N/A	
<input type="checkbox"/>	ACUITY A MUTUAL INSURANCE CO	Insurer	2800 SOUTH TAYLOR DRIVE SHEBOYGAN, WI 530818474	None	N/A	
<input type="checkbox"/>	Insurer Tester	Other Representative	lokitester344+insurer@gmail.com	None		
<input type="checkbox"/>	Mike Test	Attorney	mtesting223+atty@gmail.com	None		
<input type="checkbox"/>	Mark Para	Paralegal	Uattestdli+para10@gmail.com	None		
<input type="checkbox"/>	Mike ParaTest	Paralegal	mtesting223+para@gmail.com	None		
<input type="checkbox"/>	Loki Tester	Other Representative	Lokitester344@gmail.com	None		

# Completing the form

<input type="checkbox"/>	Test Attorney	Service of Process Designee for Uat Law Firm Inc	Lokitester344+attorney2@gmail.com	None	N/A
<input type="checkbox"/>	Tammy Uat	Service of Process Designee for Uat Law Firm Inc	Uattdli+paratu@gmail.com	None	N/A
<input type="checkbox"/>	Test Account	Service of Process Designee for Uat Law Firm Inc	1111.testattorney@gmail.com	None	N/A
<input type="checkbox"/>	Mike ParaTest	Service of Process Designee for Uat Law Firm Inc	mtesting223+para@gmail.com	None	N/A
<input type="checkbox"/>	Ebix	Trading Partner		None	N/A

## Notice

Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

## Declaration

I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

## Electronic Signature

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory \*

Mountain Attorney

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Submit

Save as Draft

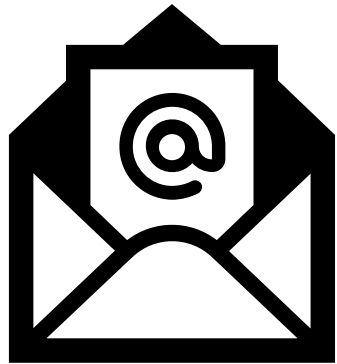
Preview

Cancel



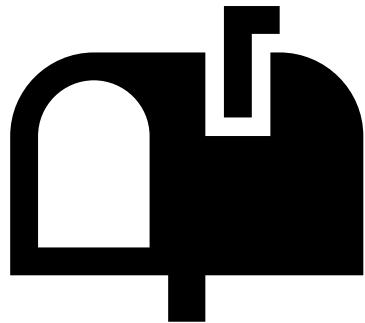


# Service methods



Electronically

**Upon successful submission of the document or webform, an emailed notice will be sent to the recipient.**



U.S. mail

**After the document, attachments and address labels have been printed, it is up to the filer to mail them.**



Questions about Campus? Contact the  
Workers' Compensation Division Help Desk at:

651-284-5005, press 3  
800-342-5354, press 3  
[helpdesk.dli@state.mn.us](mailto:helpdesk.dli@state.mn.us)

Electronic data interchange (EDI)  
transaction and submission questions?  
Email the EDI help desk at:

[dli.edi@state.mn.us](mailto:dli.edi@state.mn.us)

