

Date: [Date]

To: Internal Compliance Department

From: [Claims Adjuster Name]

Employee ID: [Employee Number]

Subject: Acknowledgment of Ethics and Compliance Standards

I, [Claims Adjuster Name], hereby acknowledge that I have received, read, and understood the [Company Name] Code of Ethics and Professional Conduct for Claims Adjusters.

By signing this document, I agree to the following:

- I will act with integrity, honesty, and impartiality in the investigation, negotiation, and settlement of all claims.
- I will avoid all conflicts of interest, whether actual or perceived, and disclose any such conflicts to my supervisor immediately.
- I will comply with all federal and state insurance regulations, as well as internal company policies.
- I will protect the privacy and confidentiality of claimant information in accordance with HIPAA and company data protection protocols.
- I will provide fair and equitable treatment to all policyholders and claimants, ensuring no unfair discrimination or deceptive practices occur.

I understand that any violation of these ethical standards or compliance policies may result in disciplinary action, up to and including termination of employment and notification to state licensing boards.

Signature of Claims Adjuster

Date of Signature