

DELAWARE BENEFITS DEDUCTIBLE ELECTION/REJECTION DISCLOSURE

****THIS SIGNED BENEFITS DEDUCTIBLE ELECTION/REJECTION FORM IS REQUIRED TO BE RETURNED TO THE CARRIER UPON BINDING OF COVERAGE****

Delaware law permits you to select workers' compensation coverage that includes a deductible. The deductible is for death and medical benefits and applies to each accident. You are not required to select a deductible. We are required by state regulations to collect a signed written deductible election/rejection disclosure form when deductible options exist.

If you do select a deductible, you may choose only one deductible amount. We will pay that deductible amount for you and you will promptly reimburse us for any amounts so paid.

This offer is contingent on your ability to promptly reimburse any and all deductible amounts that we pay on your behalf. If we determine that you are not able to promptly and fully reimburse deductible amounts when due, your policy will not include a deductible option. We will advise you in writing and identify the source of the information on which the decision was based, when a decision not to include the deductible option on your policy results from a credit investigation.

Deductible reimbursement invoices are paid online monthly through our Customer Portal. You may also view your claims activity, adjuster notes, claim payments, and claim reserves via the Customer Portal. Failure to fully reimburse us for deductible amounts paid on your behalf and when due, will result in the cancellation of your policy, in accordance with applicable policy provisions and not withstanding any state insurance law to the contrary.

PLEASE CHECK THE OPTION YOU HAVE ELECTED AND RETURN THIS FORM TO YOUR AGENT

No, I do not want a deductible to apply to my Delaware workers' compensation coverage.

Yes, I want the Death and Medical benefits deductible selected below to apply to my Delaware workers' compensation coverage. I agree to fully reimburse all deductible amounts paid on my behalf, when due.

\$500 Death and Medical benefits per claim for bodily injury by accident or disease, or

\$1,000 Death and Medical benefits per claim for bodily injury by accident or disease, or

\$1,500 Death and Medical benefits per claim for bodily injury by accident or disease, or

\$2,000 Death and Medical benefits per claim for bodily injury by accident or disease, or

\$2,500 Death and Medical benefits per claim for bodily injury by accident or disease, or

\$3,000 Death and Medical benefits per claim for bodily injury by accident or disease, or

\$3,500 Death and Medical benefits per claim for bodily injury by accident or disease, or

\$4,000 Death and Medical benefits per claim for bodily injury by accident or disease, or

\$4,500 Death and Medical benefits per claim for bodily injury by accident or disease, or

\$5,000 Death and Medical benefits per claim for bodily injury by accident or disease.

I understand that in accordance with 19 Del. C. §2372, I have the option of modifying the above deductible program choice at the time of renewal of my workers' compensation insurance policy with the insurance company named below.

This form is not a part of your policy and does not provide coverage.

If you do not respond to this offer, coverage in Delaware will not be provided.

If you have any questions, please contact your agent.

SIGNATURE: _____ POSITION: _____ DATE: _____

Named Insured _____

Street Address _____

City, State Zip Code _____

Insurance Company _____