

ALABAMA BENEFITS DEDUCTIBLE OFFERING DISCLOSURE

Alabama law permits you to select workers' compensation coverage that includes a deductible. You are not required to select a deductible. We are required by Alabama regulations to provide our deductible options to you. If you select a deductible option you must advise your agent of your selection prior to the binding of coverage or renewal of your policy.

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 Alabama insurance law to the contrary.

PLEASE REVIEW THE DEDUCTIBLE OFFERINGS AND ADVISE YOUR AGENT OF YOUR DEDUCTIBLE SELECTION PRIOR TO THE BINDING OF COVERAGE OR RENEWAL OF YOUR POLICY. YOU ARE NOT REQUIRED TO MAKE AN ELECTION OR RESPOND IF YOU DO NOT WISH A DEDUCTIBLE TO APPLY TO YOUR POLICY.

- ☐ \$100 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$200 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$300 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$400 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,500 deductible for total losses (Medical and Indemnity) per claim for bodily injury by accident or disease, or
- ☐ \$2,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease.

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

COLORADO BENEFITS DEDUCTIBLE OFFERING DISCLOSURE

Colorado law permits you to select workers' compensation coverage that includes a deductible. You are not required to select a deductible. We are required by Colorado regulations to provide our deductible options to you. If you select a deductible option you must advise your agent of your selection prior to the binding of coverage or renewal of your policy.

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 Colorado insurance law to the contrary.

PLEASE REVIEW THE DEDUCTIBLE OFFERINGS AND ADVISE YOUR AGENT OF YOUR DEDUCTIBLE SELECTION PRIOR TO THE BINDING OF COVERAGE OR RENEWAL OF YOUR POLICY. YOU ARE NOT REQUIRED TO MAKE AN ELECTION OR RESPOND IF YOU DO NOT WISH A DEDUCTIBLE TO APPLY TO YOUR POLICY.

- ☐ \$500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$5,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$10,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$13,500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$15,500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease.

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

FLORIDA BENEFITS DEDUCTIBLE OFFERING DISCLOSURE

Florida Statute **FL S § 440.20 (1)(b)** requires us as your insurance carrier to notify you that a state authorized deductible plan is available to you. An employer may pay, for each injury for which an employee files a claim under this chapter as a deductible, up to the first \$2,500 of the total amount payable under compensable claims related to such injury. You are not required to select a deductible. If you do select this deductible option you must advise your agent of your selection prior to the binding of coverage or renewal of your policy.

If you do select this deductible, 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 Florida insurance law to the contrary.

PLEASE REVIEW THIS DEDUCTIBLE OFFERING AND ADVISE YOUR AGENT OF YOUR DEDUCTIBLE SELECTION PRIOR TO THE BINDING OF COVERAGE OR RENEWAL OF YOUR POLICY. YOU ARE NOT REQUIRED TO MAKE AN ELECTION OR RESPOND IF YOU DO NOT WISH A DEDUCTIBLE TO APPLY TO YOUR POLICY.

- ☐ \$2,500 deductible for compensable claims for each injury for which an employee files a claim for bodily injury by accident or disease.

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

GEORGIA BENEFITS DEDUCTIBLE OFFERING DISCLOSURE

Georgia law permits you to select workers' compensation coverage that includes a deductible. You are not required to select a deductible. We are required by Georgia regulations to provide our deductible options to you. If you select a deductible option you must advise your agent of your selection prior to the binding of coverage or renewal of your policy.

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 notwithstanding any Georgia insurance law to the contrary.

PLEASE REVIEW THE DEDUCTIBLE OFFERINGS AND ADVISE YOUR AGENT OF YOUR DEDUCTIBLE SELECTION PRIOR TO THE BINDING OF COVERAGE OR RENEWAL OF YOUR POLICY. YOU ARE NOT REQUIRED TO MAKE AN ELECTION OR RESPOND IF YOU DO NOT WISH A DEDUCTIBLE TO APPLY TO YOUR POLICY.

- ☐ \$100 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$200 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$300 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$400 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,500 deductible for total losses (Medical and Indemnity) per claim for bodily injury by accident or disease, or
- ☐ \$2,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease.

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

HAWAII BENEFITS DEDUCTIBLE OFFERING DISCLOSURE

Hawaii law permits you to select workers' compensation coverage that includes a deductible. You are not required to select a deductible. We are required by Hawaii regulations to provide our deductible options to you. If you select a deductible option you must advise your agent of your selection prior to the binding of coverage or renewal of your policy.

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 Hawaii insurance law to the contrary.

PLEASE REVIEW THE DEDUCTIBLE OFFERINGS AND ADVISE YOUR AGENT OF YOUR DEDUCTIBLE SELECTION PRIOR TO THE BINDING OF COVERAGE OR RENEWAL OF YOUR POLICY. YOU ARE NOT REQUIRED TO MAKE AN ELECTION OR RESPOND IF YOU DO NOT WISH A DEDUCTIBLE TO APPLY TO YOUR POLICY.

- ☐ \$100 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$150 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$200 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$250 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$300 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$400 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$500 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$750 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,000 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,500 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,000 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,500 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or

- ☐ \$3,000 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$3,500 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$4,000 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$4,500 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$5,000 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$7,500 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$10,000 deductible for medical only losses benefits per claim for bodily injury by accident or disease.

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

INDIANA BENEFITS DEDUCTIBLE OFFERING DISCLOSURE

Indiana law permits you to select workers' compensation coverage that includes a deductible with co-insurance or without co-insurance as an option to no deductible. You are not required to select a deductible option. We are required by Indiana regulations to provide our deductible options to you. If you select a deductible option you must advise your agent of your selection prior to the binding of coverage or renewal of your policy.

If you do select a deductible, you may choose only one deductible amount.

For deductibles without co-insurance we will pay the deductible amount for you and you will promptly reimburse us for any amounts so paid.

For deductibles with co-insurance we shall pay the full cost of the claim. We shall then seek reimbursement from the insured employer for its portion of the liability following closing of the claim or when twenty percent (20%) of the benefits paid exceed four thousand two hundred dollars (\$4,200).

These offers are contingent on your ability to promptly reimburse any and all deductible or co-insurance 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 or co-insurance 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 notwithstanding any Indiana insurance law to the contrary.

PLEASE REVIEW THE DEDUCTIBLE OFFERINGS AND ADVISE YOUR AGENT OF YOUR DEDUCTIBLE SELECTION PRIOR TO THE BINDING OF COVERAGE OR RENEWAL OF YOUR POLICY. YOU ARE NOT REQUIRED TO MAKE AN ELECTION OR RESPOND IF YOU DO NOT WISH A DEDUCTIBLE TO APPLY TO YOUR POLICY.

- ☐ \$0 deductible with co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$500 deductible with co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$500 deductible without co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,000 deductible with co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,000 deductible without co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,500 deductible with co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,500 deductible without co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,000 deductible with co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,000 deductible without co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or

- ☐ \$2,500 deductible with co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,500 deductible without co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$3,000 deductible with co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$3,000 deductible without co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$3,500 deductible with co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$3,500 deductible without co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$4,000 deductible with co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$4,000 deductible without co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$4,500 deductible with co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$4,500 deductible without co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$5,000 deductible with co-insurance medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$5,000 deductible without co-insurance medical only losses benefits per claim for bodily injury by accident or disease.

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

KENTUCKY BENEFITS DEDUCTIBLE OFFERING DISCLOSURE

Kentucky law permits you to select workers' compensation coverage that includes a deductible. You are not required to select a deductible. We are required by Kentucky regulations to provide our deductible options to you. If you select a deductible option you must advise your agent of your selection prior to the binding of coverage or renewal of your policy.

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 notwithstanding any Kentucky insurance law to the contrary.

PLEASE REVIEW THE DEDUCTIBLE OFFERINGS AND ADVISE YOUR AGENT OF YOUR DEDUCTIBLE SELECTION PRIOR TO THE BINDING OF COVERAGE OR RENEWAL OF YOUR POLICY. YOU ARE NOT REQUIRED TO MAKE AN ELECTION OR RESPOND IF YOU DO NOT WISH A DEDUCTIBLE TO APPLY TO YOUR POLICY.

- ☐ \$100 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$200 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$300 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$400 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$5,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$7,500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$10,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease.

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

MASSACHUSETTS BENEFITS DEDUCTIBLE OFFERING DISCLOSURE

Massachusetts law permits you to select workers' compensation coverage that includes a deductible or a deductible with an aggregate. You are not required to select a deductible. We are required by Massachusetts regulations to provide our deductible options to you. If you select a deductible option you must advise your agent of your selection prior to the binding of coverage or renewal of your policy.

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 notwithstanding any Massachusetts insurance law to the contrary.

PLEASE REVIEW THE DEDUCTIBLE OFFERINGS AND ADVISE YOUR AGENT OF YOUR DEDUCTIBLE SELECTION PRIOR TO THE BINDING OF COVERAGE OR RENEWAL OF YOUR POLICY. YOU ARE NOT REQUIRED TO MAKE AN ELECTION OR RESPOND IF YOU DO NOT WISH A DEDUCTIBLE TO APPLY TO YOUR POLICY.

Massachusetts Benefits Deductible Program:

- ☐ \$500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$5,000 deductible for total losses (Medical and Indemnity) per claim for bodily injury by accident or disease, or
- ☐ \$3,500 deductible for total losses (Medical and Indemnity) or Medical only losses or Indemnity only losses benefits per claim for bodily injury by accident or disease.

Massachusetts Benefits Claim and Aggregate Deductible Program:

- ☐ \$0 to \$75,000 Basis for the Aggregate Limit with \$2,500 Claim Deductible with \$10,000 Aggregate Deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$75,001 to \$100,000 Basis for the Aggregate Limit with \$2,500 Claim Deductible with \$10,000 Aggregate Deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$100,001 to \$125,000 Basis for the Aggregate Limit with \$2,500 Claim Deductible with \$10,000 Aggregate Deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or

- ☐ \$125,001 to \$150,000 Basis for the Aggregate Limit with \$2,500 Claim Deductible with \$10,000 Aggregate Deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$150,001 to 200,000 Basis for the Aggregate Limit with \$2,500 Claim Deductible with \$10,000 Aggregate Deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ Over \$200,000 Basis for the Aggregate Limit with \$2,500 Claim Deductible with 5% of basis for Aggregate limit Deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease.

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

MAINE BENEFITS DEDUCTIBLE OFFERING DISCLOSURE

Maine law permits you to select workers' compensation coverage that includes a deductible. You are not required to select a deductible. We are required by Maine regulations to provide our deductible options to you. If you select a deductible option you must advise your agent of your selection prior to the binding of coverage or renewal of your policy.

If you do select a deductible, you may choose only one deductible amount for medical only and only one deductible amount for indemnity only. 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 Maine insurance law to the contrary.

PLEASE REVIEW THE DEDUCTIBLE OFFERINGS AND ADVISE YOUR AGENT OF YOUR DEDUCTIBLE SELECTION PRIOR TO THE BINDING OF COVERAGE OR RENEWAL OF YOUR POLICY. YOU ARE NOT REQUIRED TO MAKE AN ELECTION OR RESPOND IF YOU DO NOT WISH A DEDUCTIBLE TO APPLY TO YOUR POLICY.

Medical Only: (Choose 1 or none)

- ☐ \$250 deductible for medical only losses benefits per occurrence for bodily injury by accident or disease, or
- ☐ \$500 deductible for medical only losses benefits per occurrence for bodily injury by accident or disease.

Indemnity Only: (Choose 1 or none)

- ☐ \$1,000 deductible for indemnity only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$5,000 deductible for indemnity only losses benefits per claim for bodily injury by accident or disease.

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

MONTANA BENEFITS DEDUCTIBLE OFFERING DISCLOSURE

Montana law permits you to select workers' compensation coverage that includes a deductible. You are not required to select a deductible. We are required by Montana regulations to provide our deductible options to you. If you select a deductible option you must advise your agent of your selection prior to the binding of coverage or renewal of your policy.

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.

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PLEASE REVIEW THE DEDUCTIBLE OFFERINGS AND ADVISE YOUR AGENT OF YOUR DEDUCTIBLE SELECTION PRIOR TO THE BINDING OF COVERAGE OR RENEWAL OF YOUR POLICY. YOU ARE NOT REQUIRED TO MAKE AN ELECTION OR RESPOND IF YOU DO NOT WISH A DEDUCTIBLE TO APPLY TO YOUR POLICY.

- ☐ \$500 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,000 deductible for total losses (Medical and Indemnity) or medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,500 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,000 deductible for total losses (Medical and Indemnity) or Medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,500 deductible for total losses (Medical and Indemnity) or Medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$5,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$10,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease.

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

NEBRASKA BENEFITS DEDUCTIBLE OFFERING DISCLOSURE

Nebraska law permits you to select workers' compensation coverage that includes a deductible. You are not required to select a deductible. We are required by Nebraska regulations to provide our deductible options to you. If you select a deductible option you must advise your agent or of your selection prior to the binding of coverage or renewal of your policy.

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 notwithstanding any Nebraska insurance law to the contrary.

PLEASE REVIEW THE DEDUCTIBLE OFFERINGS AND ADVISE YOUR AGENT OR OF YOUR DEDUCTIBLE SELECTION PRIOR TO THE BINDING OF COVERAGE OR RENEWAL OF YOUR POLICY. YOU ARE NOT REQUIRED TO MAKE AN ELECTION OR RESPOND IF YOU DO NOT WISH A DEDUCTIBLE TO APPLY TO YOUR POLICY.

- ☐ \$500 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,000 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,500 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,000 deductible for medical only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,500 deductible for medical only losses benefits per claim for bodily injury by accident or disease.

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

NEW HAMPSHIRE BENEFITS DEDUCTIBLE OFFERING DISCLOSURE

New Hampshire law permits you to select workers' compensation coverage that includes a deductible. You are not required to select a deductible. We are required by New Hampshire regulations to provide our deductible options to you. If you select a deductible option you must advise your agent of your selection prior to the binding of coverage or renewal of your policy.

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 New Hampshire insurance law to the contrary.

PLEASE REVIEW THE DEDUCTIBLE OFFERINGS AND ADVISE YOUR AGENT OF YOUR DEDUCTIBLE SELECTION PRIOR TO THE BINDING OF COVERAGE OR RENEWAL OF YOUR POLICY. YOU ARE NOT REQUIRED TO MAKE AN ELECTION OR RESPOND IF YOU DO NOT WISH A DEDUCTIBLE TO APPLY TO YOUR POLICY.

- ☐ \$500 deductible for total losses (Medical and Indemnity) benefits for bodily injury per accident or disease, or
- ☐ \$500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,000 deductible for total losses (Medical and Indemnity) benefits for bodily injury per accident or disease, or
- ☐ \$1,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,500 deductible for total losses (Medical and Indemnity) benefits for bodily injury per accident or disease, or
- ☐ \$1,500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,000 deductible for total losses (Medical and Indemnity) benefits for bodily injury per accident or disease, or
- ☐ \$2,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,500 deductible for total losses (Medical and Indemnity) benefits for bodily injury per accident or disease, or
- ☐ \$2,500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$5,000 deductible for total losses (Medical and Indemnity) benefits for bodily injury per accident or disease, or
- ☐ \$5,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease.

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

NEW MEXICO BENEFITS DEDUCTIBLE OFFERING DISCLOSURE

New Mexico law permits you to select workers' compensation coverage that includes a deductible. You are not required to select a deductible. We are required by New Mexico regulations to provide our deductible options to you. If you select a deductible option you must advise your agent of your selection prior to the binding of coverage or renewal of your policy.

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 New Mexico insurance law to the contrary.

PLEASE REVIEW THE DEDUCTIBLE OFFERINGS AND ADVISE YOUR AGENT OF YOUR DEDUCTIBLE SELECTION PRIOR TO THE BINDING OF COVERAGE OR RENEWAL OF YOUR POLICY. YOU ARE NOT REQUIRED TO MAKE AN ELECTION OR RESPOND IF YOU DO NOT WISH A DEDUCTIBLE TO APPLY TO YOUR POLICY.

- ☐ \$500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$5,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$10,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease.

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

PENNSYLVANIA BENEFITS DEDUCTIBLE OFFERING DISCLOSURE

Pennsylvania law permits you to select workers' compensation coverage that includes a deductible. You are not required to select a deductible. We are required by Pennsylvania regulations to provide our deductible options to you. If you select a deductible option you must advise your agent of your selection prior to the binding of coverage or renewal of your policy.

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 notwithstanding any Pennsylvania insurance law to the contrary.

PLEASE REVIEW THE DEDUCTIBLE OFFERINGS AND ADVISE YOUR AGENT OF YOUR DEDUCTIBLE SELECTION PRIOR TO THE BINDING OF COVERAGE OR RENEWAL OF YOUR POLICY. YOU ARE NOT REQUIRED TO MAKE AN ELECTION OR RESPOND IF YOU DO NOT WISH A DEDUCTIBLE TO APPLY TO YOUR POLICY.

- ☐ \$1,000 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, or
- ☐ \$10,000 Death and Medical benefits per claim for bodily injury by accident or disease.

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

SOUTH CAROLINA BENEFITS DEDUCTIBLE OFFERING DISCLOSURE

South Carolina law permits you to select workers' compensation coverage that includes a deductible. You are not required to select a deductible. We are required by South Carolina regulations to provide our deductible options to you. If you select a deductible option you must advise your agent of your selection prior to the binding of coverage or renewal of your policy.

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 South Carolina insurance law to the contrary.

PLEASE REVIEW THE DEDUCTIBLE OFFERINGS AND ADVISE YOUR AGENT OF YOUR DEDUCTIBLE SELECTION PRIOR TO THE BINDING OF COVERAGE OR RENEWAL OF YOUR POLICY. YOU ARE NOT REQUIRED TO MAKE AN ELECTION OR RESPOND IF YOU DO NOT WISH A DEDUCTIBLE TO APPLY TO YOUR POLICY.

- ☐ \$100 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$200 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$300 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$400 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,500 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease.

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

DEDUCTIBLE NOTICE OF ELECTION

Texas law permits an employer to obtain workers compensation insurance with a deductible. The insurance applies only to benefits payable under Texas workers compensation law. When a deductible is elected, the policyholder is required to reimburse the insurance carrier for benefits payable under the law up to the deductible amount and a credit is applied to the policy. Premium credits are determined based on the deductible selected and the hazard group. The hazard group is determined by the classification that produces the largest amount of estimated Texas standard premium.

You are not required to choose a deductible. If you do choose one, your insurance company will pay the deductible amount for you, but you must reimburse the insurance company within 30 days after they send you notice that payment is due. If you fail to reimburse the insurance company, they may cancel the policy upon ten days written notice, and any resulting premium may be applied to the deductible amount owed.

If a deductible amount is desired, please indicate below.

☐ Yes, I want a deductible of (select only one):

1. \$ _____ per accident

2. \$ _____ per claim

3. \$ _____ medical-only

applied to benefits payable under the Texas Workers Compensation Law. I understand that the company will pay the deductible amount and seek reimbursement _____.
(monthly, quarterly or other)

☐ No, I do not want a deductible applied to benefits payable under the Texas Workers Compensation Law.

☐ Yes, I do want a deductible policy, but am unable to obtain one for the following reason: _____

The deductible plans have been explained to me.

Signature and Title

Date

Employer Name (print or type)

Address

Insurance Company

Policy No.

Effective Date

ARKANSAS BENEFITS DEDUCTIBLE ELECTION/REJECTION DISCLOSURE

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

Arkansas law permits you to select workers' compensation coverage that includes a deductible. 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 Arkansas workers' compensation coverage.**
- ☐ **Yes, I want the Total Losses (Medical and Indemnity Losses) deductible selected below to apply to my Arkansas workers' compensation coverage. I agree to fully reimburse all deductible amounts paid on my behalf, when due.**
- ☐ **Yes, I want the Medical Only Losses deductible selected below to apply to my Arkansas workers' compensation coverage. I agree to fully reimburse all deductible amounts paid on my behalf, when due.**
- ☐ **Yes, I want the Indemnity Only Losses deductible selected below to apply to my Arkansas workers' compensation coverage. I agree to fully reimburse all deductible amounts paid on my behalf, when due.**

- ☐ \$1,000 deductible for total losses (Medical and Indemnity) or medical only losses or indemnity only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$1,500 deductible for total losses (Medical and Indemnity) or Medical only losses or Indemnity only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,000 deductible for total losses (Medical and Indemnity) or Medical only losses or Indemnity only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$2,500 deductible for total losses (Medical and Indemnity) or Medical only losses or Indemnity only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$3,000 deductible for total losses (Medical and Indemnity) or Medical only losses or Indemnity only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$3,500 deductible for total losses (Medical and Indemnity) or Medical only losses or Indemnity only losses benefits per claim for bodily injury by accident or disease, or

- ☐ \$4,000 deductible for total losses (Medical and Indemnity) or Medical only losses or Indemnity only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$4,500 deductible for total losses (Medical and Indemnity) or Medical only losses or Indemnity only losses benefits per claim for bodily injury by accident or disease, or
- ☐ \$5,000 deductible for total losses (Medical and Indemnity) or Medical only losses or Indemnity only losses benefits per claim for bodily injury by accident or disease.

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

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

If you have any questions, please contact your agent.

SIGNATURE: _____ POSITION: _____ DATE: _____

Named Insured _____

Street Address _____

City, State Zip Code _____

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 _____

NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR ILLINOIS WORKERS' COMPENSATION MEDICAL BENEFITS

Illinois Law permits an employer to buy workers' compensation insurance with a deductible. The deductible is for medical benefits only and applies to each accident. A full description of how the deductible works is printed as a sample Endorsement on the other side of this Notice.

Please show whether or not you want the deductible by initialing the appropriate choice below.

- ☐ Yes, I want a deductible of \$1,000 applied to medical benefits under the Illinois Workers' Compensation Law. I understand that the company shall pay the deductible amount and seek reimbursement from the employer shown below.
- ☐ No, I do not want the deductible described in this Notice.

DATE

EMPLOYER

NAME

TITLE

(over)

WC 12 06 02 A (Ed. 8-92)
ILLINOIS MEDICAL BENEFITS DEDUCTIBLE ENDORSEMENT

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because Illinois is shown in item 3.A of the Information Page.

1. Part One (Workers Compensation Insurance) applies to medical benefits only in excess of a deductible amount of \$1,000. This deductible applies separately to each accident, regardless of the number of persons injured in the accident.
2. We will pay the deductible amount for you, but you must reimburse us within 30 days after we send you notice that payment is due. If you fail to reimburse us, we may cancel the policy in accordance with Illinois cancellation law. We may keep the amount of unearned premium that will reimburse us for the payments we made. These rights are in addition to other rights we have to be reimbursed.

OKLAHOMA BENEFITS DEDUCTIBLE ELECTION/REJECTION DISCLOSURE

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

Oklahoma law permits you to select workers' compensation coverage that includes a deductible. 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 Oklahoma workers' compensation coverage.**
- ☐ **Yes, I want the Total Losses (Medical and Indemnity Losses) deductible selected below to apply to my Oklahoma workers' compensation coverage. I agree to fully reimburse all deductible amounts paid on my behalf, when due.**
- ☐ **Yes, I want the Medical Only Losses deductible selected below to apply to my Oklahoma workers' compensation coverage. I agree to fully reimburse all deductible amounts paid on my behalf, when due.**
- ☐ **Yes, I want the Indemnity Only Losses deductible selected below to apply to my Oklahoma workers' compensation coverage. I agree to fully reimburse all deductible amounts paid on my behalf, when due.**
 - ☐ \$500 deductible for Medical only losses or indemnity only losses benefits per claim for bodily injury by accident or disease, or
 - ☐ \$1,000 deductible for total losses (Medical and Indemnity) or medical only losses or indemnity only losses benefits per claim for bodily injury by accident or disease, or
 - ☐ \$1,500 deductible for Medical only losses or Indemnity only losses benefits per claim for bodily injury by accident or disease, or
 - ☐ \$2,000 deductible for total losses (Medical and Indemnity) or Medical only losses or Indemnity only losses benefits per claim for bodily injury by accident or disease, or
 - ☐ \$2,500 deductible for Medical only losses or Indemnity only losses benefits per claim for bodily injury by accident or disease, or
 - ☐ \$3,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or

- ☐ \$4,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease, or
- ☐ \$5,000 deductible for total losses (Medical and Indemnity) benefits per claim for bodily injury by accident or disease.

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

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

If you have any questions, please contact your agent.

SIGNATURE: _____ POSITION: _____ DATE: _____

Named Insured _____

Street Address _____

City, State Zip Code _____