



IMPORTANT NOTICE

OKLAHOMA WORKERS' COMPENSATION DEDUCTIBLE ACCEPTANCE/REJECTION FORM

Oklahoma law requires insurers to offer a medical claim deductible on all Oklahoma Workers Compensation policies. Oklahoma law allows insurers to offer a policy with both medical and indemnity deductible. You may choose a medical deductible only, an indemnity deductible only, or you may choose both a medical and indemnity deductible. You may also choose to reject both.

Five medical deductible options are available. You are not required to select the medical deductible option, but if you choose to exercise this option, you may choose only one deductible amount. Please carefully review the requirements for the medical deductible option outlined below.

Five indemnity deductible options are available. You are not required to select the indemnity deductible option, but if you choose to exercise this option, you may choose only one deductible amount and it must match the medical deductible amount, if you also selected a medical deductible. Please carefully review the requirements for the indemnity deductible option outlined below.

MEDICAL DEDUCTIBLE OPTIONS

The medical claim deductible options are five hundred dollars (\$500), one thousand dollars (\$1,000), one thousand five hundred dollars (\$1,500), two thousand dollars (\$2,000), and two thousand five hundred dollars (\$2,500). If you choose one of these options, you will be liable for the amount of the deductible for the medical benefits paid on **every claim** for bodily injury by accident or disease filed by an injured employee. Claim amounts up to five hundred dollars (\$500) annually that are paid under the deductible will be excluded from your experience modifier.

EMPLOYER OBLIGATIONS IF MEDICAL DEDUCTIBLE OPTION IS SELECTED

Oklahoma law prohibits you from directly or indirectly charging to or passing on the medical deductible amount to the injured worker or insurer.

If you choose a medical deductible option, the insurer will pay the entire cost of medical bills directly to the provider of the services and then bill you for the deductible amount. **WARNING: You must reimburse the deductible amount to the insurer within sixty days of a written demand. If you fail to reimburse the insurer within sixty days, the insurer may seek to recover the FULL AMOUNT of the claim from you.**

MEDICAL DEDUCTIBLE ACCEPTANCE/REJECTION

Yes, I have read the medical deductible information outlined above and want the following medical deductible amount to apply to medical claims under Oklahoma Workers' Compensation Law. I understand that this medical deductible applies to **every claim** for bodily injury by accident or disease filed by an injured employee.

\$500 \$1,000 \$1,500 \$2,000 \$2,500

No, I do not want the medical deductible described in this notice.

INDEMNITY DEDUCTIBLE OPTIONS

The indemnity claim deductible options are five hundred dollars (\$500), one thousand dollars (\$1,000), one thousand five hundred dollars (\$1,500), two thousand dollars (\$2,000), and two thousand five hundred dollars (\$2,500). If you choose one of these options, you will be liable for the amount of the deductible for the indemnity benefits paid on **every claim** for bodily injury by accident or disease filed by an injured employee. Claim amounts up to five hundred dollars (\$500) annually that are paid under the deductible will be excluded from your experience modifier.

EMPLOYER OBLIGATIONS IF INDEMNITY DEDUCTIBLE OPTION IS SELECTED

Oklahoma law prohibits you from directly or indirectly charging to or passing on the indemnity deductible amount to the injured worker or the insurer.

If you choose an indemnity deductible option, the insurer will pay the entire cost of indemnity benefits and then bill you for the deductible amount. **WARNING: You must reimburse the deductible amount to the insurer within sixty (60) days of a written demand. If you fail to reimburse the insurer within sixty (60) days, the insurer may seek to recover the FULL AMOUNT of the claim from you.**

INDEMNITY DEDUCTIBLE ACCEPTANCE/REJECTION

Yes I have read the indemnity deductible information outlined above and want the following indemnity deductible amount to apply to indemnity claims under Oklahoma workers compensation law. I understand that this indemnity deductible applies to **every claim** for bodily injury by accident or disease filed by an injured employee. I understand that the indemnity deductible amount chosen must match the medical deductible amount chosen, if I also selected a medical deductible.

\$500 \$1,000 \$1,500 \$2,000 \$2,500

No, I do not want the indemnity deductible described in this notice.

NAMED INSURED _____
 ADDRESS _____
 TITLE _____
 SIGNATURE _____
 DATE _____

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE.

If you do not return this form promptly to the company, it will be construed to mean that we should pay in full all benefits due under your policy with no contribution on your part. If you have any questions, please call your agent.

Policy Number		
Employer Name	Date	Signature and Title
Agent Name	Date	Signature