

FORM-SI-GROUP

OKLAHOMA WORKERS' COMPENSATION COMMISSION

1915 NORTH STILES AVENUE
OKLAHOMA CITY, OKLAHOMA 73105
(405) 522-3222 or In-State Toll Free (855) 291-3612

APPLICATION FOR GROUP SELF INSURANCE ASSOCIATION PERMIT

Date: _____

The undersigned, a group of employers subject to the provisions of the Administrative Workers' Compensation Act, hereby applies for permission to act as a group self insurance association. To enable the Workers' Compensation Commission to determine the applicant's ability to pay compensation to its employees, said applicant hereby states the following:

1. Group Name _____

2. Desired effective date (application should be submitted 60 days in advance) _____

3. Group # (if a renewal applicant) _____

4. Name of Sponsoring Trade Association, if any _____

5. Nature of business of members (common interest) _____

6. Name, address, phone number & e-mail address of Administrator _____

7. Name, address, phone number & e-mail address of Chairman _____

8. Name, address, phone number & e-mail address of Third Party Administrator for claims: _____

9. Name, address, phone number & e-mail address of Third Party Administrator for other functions (accounting, marketing, etc.) _____

10. Name, address, phone number & e-mail address of Auditor _____

11. Name, address, phone number & e-mail address of Actuary _____

12. A nonrefundable \$1,000 application fee, made payable to the Oklahoma Workers' Compensation Commission, must be submitted with the application.

13. Please include the following items, bound in a hardcover notebook:

- a. A sample of the members' indemnity agreement and power of attorney.
- b. An executed copy of the application of each employer for membership in the association (new applicants only).
- c. A pro forma financial statement of the association, showing the estimated revenues and expenses for the first fiscal year of the association (new applicants only).
- d. A copy of the association's current audited financial statements, unaudited midyear statements, and all current actuarial reports (renewal applicants only).
- e. An attestation from the administrator or chairman that the collective net worth of the members of the association exceeds Two Million Dollars (\$2,000,000).
- f. The estimated standard and discounted premium each association member will pay during the first/next fiscal year of the association.
- g. A listing of the type, amount and eligibility requirements of discounts available for the association members, including scheduled discounts.
- h. Projected expenses for the association for the first/next fiscal year, in dollar amount and a percentage of the standard premium to be generated.
- i. Specific and aggregate excess insurance binders for the first fiscal year (new applicants only).
- j. Specific and aggregate excess insurance binders for the next fiscal year, and copies of the policies for the current year (renewal applicants only).
- k. Underwriting guidelines that are used by the association.
- l. A copy of the association's by-laws and any other governing instruments.
- m. A designation of the members' supervisory board, and a copy of properly executed biographical affidavits for each.
- n. A copy of the contract(s) between the association and its TPA(s).
- o. A copy of all marketing materials utilized by the association.

- p. A copy of all fidelity bonds and errors and omissions policies secured by the association, its administrator, its TPA, and other organizations providing services.
- q. A list of workers' compensation rates to be charged to its members, broken down by classification code.
- r. Copies of the minutes of all board meetings held during the current year (renewal applicants only).
- s. A report of the premiums paid and losses incurred by each member of the association during the current fiscal year (renewal applicants only).
- t. Affidavit from the chairman that the association is and has been in full compliance with the rules of the Commission during the current fiscal year (renewal applicants only).
- u. Confirmation of proof of coverage filings made with the NCCI (renewal applicants only).
- v. A listing of investments currently held by the association (renewal applicants only).

In consideration of the approval of this application, the applicant hereby expressly agrees to comply with all applicable statutes, and with the Rules of the Workers' Compensation Commission.

I declare under penalty of perjury that I have examined this application and all statements contained herein, and to the best of my knowledge and belief, they are true, correct and complete.

Signed this _____ day of _____ 20_____.

 Print Name & Title (note: person signing should be authorized to bind the applicant to the agreements contained herein.)

 Signature

 Mailing Address

 City, State, ZIP

 Telephone

 E-mail Address

Administrative Workers' Compensation Act, 85A O.S., §6(A)(1)(a): "Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: (1) obtaining any benefit or payment ... shall be guilty of a felony."

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.

Send application to:

**Insurance Division
Oklahoma Workers' Compensation Commission
1915 North Stiles Avenue
Oklahoma City, OK 73105**