

# Oklahoma Municipal Assurance Group

An Interlocal Cooperation Act Agency of Cities and Towns Providing:  
Group Life & Health Benefits Plan • Municipal Liability Protection Plan • Workers' Compensation Plan • Municipal Property Protection Plan

---

## 2006-2007 WORKERS' COMPENSATION PLAN REFUND VOUCHER AGREEMENT

This Agreement made and entered into this 5th day of October, 2009, shall remain in full force and effect between the **City of Clinton**, hereinafter referred to as the "Member," and the Oklahoma Municipal Assurance Group, hereinafter referred to as the "Group," witnesseth:

**WHEREAS**, as a result of favorable workers' compensation claims activity on the part of the member, the Board of Trustees of the Group has authorized the refund of the unused portion of your 2006-2007 Loss Fund in the amount of **\$62,102.01**; and

**WHEREAS**, the Group Workers' Compensation Plan was created pursuant to 74 O.S. § 1001 et seq., thereby enabling cities and towns to cooperate with others on the basis of mutual advantage and to exercise and enjoy all of their powers, privileges and authority to the extent that laws of the state permit such joint exercise or enjoyment; and

**WHEREAS**, the Member by adopting and subscribing to the said Workers' Compensation Plan for the Fiscal Year ending June 30, 2007, hereinafter referred to as the "Fiscal Year," made payment of an annual fee to the Group for statutory benefits under 85 O.S. § 1 et seq., the Workers' Compensation Act of the State of Oklahoma; and

**WHEREAS**, the Board of Trustees of the Group has authorized the distribution of the whole or part of said annual fee paid by the Member to the Group and identified as the Member's Loss Fund for the Fiscal Year; and

**WHEREAS**, the Member hereby makes application for a distribution of the whole or part of the Loss Fund it paid to the Group for the Fiscal Year subject to the following terms and conditions.

**NOW, THEREFORE**, the Member does hereby declare and agree as considered under this Agreement:

1. The Member hereby acknowledges, affirms, and states, upon acceptance of the amount stated above as a conditional distribution of a whole or part of its Loss Fund paid to the Group for the Fiscal Year; that it may be liable for a whole or part of said amount to the Group for benefits payable under 85 O.S. § 1 et seq. contingent upon notification to the Group by the CompSource Oklahoma that benefits are due and payable for claims against the Member made for the Fiscal Year.
2. Upon notice by the CompSource Oklahoma to the Group as described herein, the Member shall make payment of the distribution described herein to the Group within sixty (60) days receipt of written notice from the Group.

(over)



44. In the event the Member fails to make payment to the Group as set forth in paragraph 2 herein, Member agrees and authorizes the Group to debit the amount due for benefits from either the Member's Loss Fund, Escrow or Rate Stabilization Reserve Account.

4. This refund can be processed in one of three different ways. You may select one of the following options:

**\*\* NOTE: If we do not receive notification of your selection prior to December 31, 2009 your refund will automatically be transferred to your escrow account. \*\***

**PLEASE INITIAL YOUR SELECTION**

\_\_\_\_\_ a. We wish to place the full amount in Escrow with the Group to be used at any time at our request. We understand that we will receive interest earnings on any amounts so held.

\_\_\_\_\_ b. We wish to apply the full amount as credit toward the current quarterly payments for the 2009-2010 Workers' Compensation Premium. *(Only choose this option if your city or town's annual premium is greater than \$5,000 or you are currently making quarterly payments for the 2009-2010 Plan.)*

\_\_\_\_\_ c. Please issue a refund check for the entire amount.

This Agreement shall be construed and enforced according to the laws of the State of Oklahoma.

In witness whereof, signed as designated below.

\_\_\_\_\_  
Mayor

  
\_\_\_\_\_  
For the Oklahoma Municipal Assurance Group

\_\_\_\_\_  
Attested: City/Town Clerk

**October 5, 2009**  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

(Select and initial your refund option above. **Return with original signatures of Mayor and Clerk to the Oklahoma Municipal Assurance Group, 4130 N. Lincoln Blvd., Oklahoma City, OK 73105-5209.**)