



# Oklahoma Municipal Assurance Group

3650 S. Boulevard Edmond, OK 73013 (405) 657-1400

May 24, 2016

MS. MARY SMITH  
CITY OF CLINTON  
P.O. BOX 1177  
CLINTON OK 73601-1177

**Re: 2016-2017 Workers' Compensation Plan Renewal**

Enclosed please find your 2016-2017 Workers' Compensation Plan renewal proposal and accompanying forms for your submittal.

Please review the Invoice for the 2016-2017 renewal noting the stated Fee, any Interest, and the Aggregate Deductible amount.

***The Workers' Compensation Plan Renewal is a two-step process:***

- Step 1) *The "Renewal Participation Agreement" must be completed, signed and returned to OMAG by June 15, 2016 ; and***
- Step 2) *Premium Payment may be sent with the Agreement or follow later to comply with budget requirements if necessary; however, premium is due no later than July 15<sup>th</sup> .***

Your claims are processed by Consolidated Benefits Resources (CBR), an experienced claims administrator who processes the workers' compensation claims on behalf of OMAG participants. If you have questions, you may reach the CBR staff at (800)234-9461. Please refer to the cover memo on the claims packet for further information.

Should you have any questions, please call us at (800)234-9461.

Sincerely,

Randy Stone  
Director of Underwriting

- Enclosures: 1. Renewal Agreement  
2. Invoice  
3. Payroll Worksheet

**OKLAHOMA MUNICIPAL ASSURANCE GROUP  
AGGREGATE DEDUCTIBLE PLAN**

**2016-2017 Renewal Participation Agreement for CITY OF CLINTON**

The premium for participation in the *Oklahoma Municipal Assurance Group (OMAG) Workers' Compensation Plan* for the period July 1, 2016 through July 1, 2017 and the Aggregate Deductible for this same period as stated on the Invoice is accepted as an amendment to our original agreement with OMAG for continued participation in the Workers' Compensation Plan.

**A. INTEREST CREDIT----- \$ 1,815.00**

*(If any, has been applied to reduce the 2016-2017 premium for renewal participation.)*

**B. ESCROW ----- \$ 0.00**

***(Select and initial the appropriate box below and fill in the dollar amount to be applied to premium, if one appears.)***

1. We will use \$\_\_\_\_\_ of our **Escrow Credit** to reduce our 2016-2017 premium for renewal of participation ***(NOTE: COPY OF MINUTES REQUIRED)***, OR

2. We will not use any of our **Escrow Credit** to reduce our 2016-2017 premium for renewal of participation.

Premium shall be due and payable on or before the first day of the agreement period or within thirty (30) days of the date of invoice, whichever is later. OMAG offers three payment plans: annual, semi-annual and quarterly. Payment is due and payable on or before the installment date or within (30) days of the date of the installment invoice, whichever is later. However, interest shall be paid at the rate of ten percent (10%) on the amount of the unpaid balance after the final payment due date.

Failure to pay or for OMAG to receive the premium due on the above stated dates shall result in cancellation and non-coverage for you for the period in which the premium was due, or any extension thereof as a result of your decision to make the installment payments.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name and Title

**NOTE : THIS AGREEMENT MUST BE SIGNED AND RETURNED TO OMAG BY  
JUNE 15, TO RENEW JULY 1ST.**

*(Mail this Agreement, with or without the payment, to OMAG by June 15 at address shown below.)  
If payment is mailed after June 15, it must be received at OMAG by July 15th.*

**Oklahoma Municipal Assurance Group  
3650 S. Boulevard Edmond, OK 73013-5581**

