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AGGREGATE DEDUCTIBLE PLAN

2018-2019 Renewal Participation Agreement for CITY OF CLINTON

The premium for participation in the **OMAG Workers' Compensation Plan** for the period July 1, 2018 through July 1, 2019 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 _____ \$

(If any, has been applied to the escrow amount below.)

B. ESCROW _____ \$ **52,666.64**

(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 2018-2019 premium for renewal of participation **(NOTE: COPY OF MINUTES REQUIRED)**, OR

2. We will not use any of our **Escrow Credit** to reduce our 2018-2019 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 1st.*