



3650 S. Boulevard • Edmond, OK 73013 • omag.org

405.657.1400 • 800.234.9461 • FAX 405.657.1401

June 17, 2021

Amy Jones
City of Clinton
P.O. Box 1177
Clinton, OK 73601-1177

RE: City of Clinton
WCV140012505

Enclosed is your OMAG Workers' Compensation Plan (WC Plan) renewal policy along with the following information:

- The "Escrow Use Form" which indicates the Escrow Balance. If escrow is being used, this form must be completed, signed, and returned to OMAG by **July 1, 2021**. If you elect to use Escrow Funds towards the premium balance, a copy of the approving council minutes must accompany this form.
- Renewal Invoice. Premium payment is due **July 1, 2021**.
- Claims Packet

The claims packet and First Report of Incident (FROI) can also be found on the OMAG Policy Portal at the OMAG website at <https://www.omag.org/origami>.

Your claims are processed by Consolidated Benefits Resources (CBR), an experienced claims administrator who processes 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 claims packet for further information.

Since 1984, OMAG has partnered with CompSource Mutual, Inc. in providing our members with workers' compensation benefits for their employees through a plan that provides prompt and courteous claims administration.

OMAG is an organization created, owned, and governed by the cities and town we serve, and it is our pleasure to serve you. We appreciate your support and participation in OMAG's Workers' Compensation Plan. Any questions regarding the renewal should be directed to myself or Chris Webb, Underwriter Director at (800) 234-9461 or (405) 657-1400.

Sincerely,

Tina Kliewer
Workers' Comp. Program Manager



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AGGREGATE DEDUCTIBLE PLAN

2021-2022 Escrow Use Form for City of Clinton

This form indicates the Escrow Balance in your account. Any interest that has accrued has been added to the Escrow Balance. Use this form to indicate if escrow is to be applied to premium. If Escrow is being used, please include a copy of board/council minutes with this form.

ESCROW (including any interest credit) \$ 6,235.00

Select and initial the appropriate box below and enter the dollar amount to be applied to premium (if one appears).

_____ 1. We will use \$_____ of our Escrow Credit to reduce our 2021-2022 premium for the Workers' Compensation renewal. NOTE: A copy of the board/council minutes is required.

_____ 2. We will not use our Escrow Credit to reduce our 2021-2022 premium for the Workers' Compensation renewal.

If you choose to not use Escrow to reduce your premium, the 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.

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 FORM MUST BE SIGNED AND RETURNED TO OMAG BY JULY 1ST.