

**Rocky Mountain Premier
Healthcare Group (RMPHG)
Workers' Compensation
Group Plan Enrollment Form**



Enrollment Form

The Montana State Fund (MSF) has formed the Rocky Mountain Premier Healthcare (RMPHG) Group to provide a workers' compensation group plan to qualifying MSF policyholders. To participate in the group plan, a policyholder must complete and sign this form.

General Provisions

If required, each member must meet eligibility requirements to participate in the group plan. The criteria may include the class codes that qualify, eligible loss ratio and/or experience modification factors. The effective period of the policy must be within the group plan year.

Participating members shall:

Maintain a policy with MSF and be subject to the terms of the policy.

MSF shall:

Retain responsibility for underwriting, policy cancellation, claims management and claims related process.

Termination

1. MSF may terminate a member's participation in this group plan if the member is in default of an obligation to MSF or fails to meet minimum eligibility requirements in future years (if applicable).
2. MSF may terminate a member's participation by serving notice in writing to all affected parties. Termination is effective the date specified in the notice. If no date is specified in the notice, the date of the written notice is the termination date.
3. Members may terminate their participation by serving notice in writing to the MSF. Termination is effective the date of the written notice.

Effective Date

If the form is received by MSF within 90 days of the effective date of the policy and within the contract year and the policy qualifies, participation in the group plan shall start on the effective date of the policy.

Insured Name: _____

Policy #: _____ Policy Effective Date: _____

Mailing Address: _____ City State Zip: _____

Insured Signature: _____ Date: _____

Return completed form to: Montana State Fund PO Box 4759 Helena, MT 59604-4759 Fax # (406) 495-5020