



Nondisabling Claims Reimbursement Program Enrollment Form

Employers may choose to reimburse SAIF Corporation for medical expenses on accepted nondisabling claims up to the maximum reimbursement amount set by the Oregon Department of Consumer and Business Services. Reimbursement of claims is generally not recommended where the employer's annual premium is less than \$15,000, since the reimbursement claim costs may exceed any premium savings. For additional details about this program go to **saif.com** and click "I am an employer."

If you choose to enroll in this program, you must complete this form and return it to SAIF.

This reimbursement election will remain in effect until SAIF receives your written request to end it or until your coverage is cancelled.

If you have any questions or need assistance, please contact your agent or SAIF representative.

We elect to participate in the Nondisabling Claims Reimbursement program effective _____ and understand that reimbursement is optional under this program.

The evaluation frequency for policies with a cash flow retrospective rating plan will be quarterly. Policies with a guaranteed cost or regular retrospective rating plan must select a reimbursement frequency.

Evaluation frequency for guaranteed cost and regular retrospective rating plans:

Annual Quarterly

Account Name

Policy Number

Signature of Authorized Representative

Date

Printed Name

Phone Number

Return form to: SAIF Corporation
 400 High Street SE
 Salem, OR 97312