

**IMPORTANT NOTICE
SMALL DEDUCTIBLE ELECTION FORM**

POLICY NUMBER

POLICY PERIOD

FROM:

TO:

INSURED

Missouri law permits an employer to purchase workers' compensation insurance with a deductible. The deductible is applicable to medical and indemnity benefits and applies to each accident or disease. The deductible shall apply, in the case of accidents, to all bodily injury by accident and, in the case of disease, to each employee for bodily injury by disease. The deductibles available are as follows:

DEDUCTIBLE AMOUNT EACH ACCIDENT OR DISEASE

- | | |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$2,000 |
| <input type="checkbox"/> \$200 | <input type="checkbox"/> \$2,500 |
| <input type="checkbox"/> \$300 | <input type="checkbox"/> \$5,000 |
| <input type="checkbox"/> \$400 | <input type="checkbox"/> \$10,000 |
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$15,000 |
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$20,000 |
| <input type="checkbox"/> \$1,500 | |

You are not required to select a deductible. However, if you choose to exercise this option, you may choose only one deductible amount. It is to be understood that we will pay the deductible amount for you and that you must reimburse us for any deductible amounts paid. Non-reimbursement of the deductible(s) will result in cancellation of your policy.

Please check the option you have elected and return this form to us as soon as possible.

- No, I do not want the deductible described in this Notice.
- Yes, I want the deductible checked above to apply to medical and indemnity benefits under the Missouri Workers' Compensation Law. I understand that the Company shall pay the deductible amount and be reimbursed by the employer shown above.

If you fail to respond promptly to the Company, it will be construed to mean you have not elected the small deductible option.

If you have any questions, please contact your agent or broker.

INSURED'S SIGNATURE AND TITLE

DATE

Policyholder Notice

MO-SDEF 01 (01/04)