



State of Wyoming
Department of Workforce Services
 DIVISION OF WORKERS' COMPENSATION



Mark Gordon
 Governor

Risk Management
 5221 Yellowstone Rd
 Cheyenne, Wyoming 82002
<http://wyomingworkforce.org>

Robin Sessions Cooley, J.D.
 Director

Elizabeth Gagen, J.D.
 Deputy Director

**WORKERS' COMPENSATION
 DEDUCTIBLE PROGRAM APPLICATION**

Employer Information

Employer/Business Name: _____

Employer Number: _____
 *Nine-digit policy number

Owner Name: _____

Owner Phone Number: _____

Deductible Contact Name: _____

Deductible Contact Email: _____

Deductible Contact Phone: _____

Street Address: _____

Mailing Address: _____

Chosen Deductible Level:

**Select only one discount level*

**Deductible Level is limited to levels listed in your company's Deductible Program Analysis*

Check Box	Discount	Level
<input type="checkbox"/>	4%	\$1,000
<input type="checkbox"/>	10%	\$5,000
<input type="checkbox"/>	15%	\$10,000
<input type="checkbox"/>	25%	\$25,000
<input type="checkbox"/>	37.5%	\$50,000
<input type="checkbox"/>	45%	\$75,000
<input type="checkbox"/>	50%	\$100,000

WORKERS' COMPENSATION DEDUCTIBLE PROGRAM APPLICATION

I certify that I am an authorized representative of the business listed above. I understand that this company is not enrolled in the Deductible Program until the following has been completed: Irrevocable Letter of Credit (or Cash Deposit), required financial information is delivered to the Division and a Deductible Program Contract has been signed by all parties. (Note: A draft contract will be mailed following receipt of this application)

APPLICATION MUST BE RETURNED BY NOVEMBER 30

Printed Name

Title

Signature

Date