

**APPLICATION
FOR AN
APPROVED MANAGED CARE PROGRAM
PREMIUM REDUCTION**

The _____ has
Name of Insurer

entered into a written agreement with
the _____
Approved Managed Care Organization

to process claims under policies providing New Jersey workers compensation coverage. The managed care organization has been approved by the Commissioner of Insurance and a **copy of the written agreement with the managed care organization together with the approval document of the managed care organization are enclosed.**

received approval by the Commissioner of Insurance for its in-house managed care program for processing claims under policies providing New Jersey workers compensation coverage. **Copy of the approval document is enclosed.**

A specimen copy of the written agreement which will be executed by the insured is enclosed. Such agreement contains the stipulation that the use of the managed care program is an exercise of the insured's right of choice of medical provider under the New Jersey Workers Compensation Law.

Premium reductions will be applied uniformly to each insured at a percentage rate of ____%.

The effective date of the program is _____

The program will be applicable to individual policies on a:

- new and renewal basis only
- new, renewal and outstanding basis
- other

If "Other" is stipulated, a complete **explanation by separate attachment is required.**

A copy of the New Jersey Approved Managed Care Program Endorsement WC 29 04 09A is enclosed.

The program and procedures included in this form and any accompanying attachments have been reviewed by the management of the insurer and have been found to provide fair and equitable treatment to workers compensation insurance policyholders of the insurer.

Signature

Date