

# OKLAHOMA MEGA DEDUCTIBLE WORKERS' COMPENSATION EXPERIENCE QUARTERLY REPORTING FORM

Oklahoma Insurance Department  
400 NE 50th Street  
Oklahoma City, OK 73105

Attn: Financial Division Workers Compensation Reports  
MegaDeductibleWC@oid.ok.gov

Date  
**Q1, Q2, Q3, Q4**

The undersigned certify that the named insured has elected and the carrier has accepted this Oklahoma Mega Deductible Workers' Compensation policy pursuant to Regulation 365:15-1-3.1 and 365:15-1-3.2. The name and address of the insured subject to this rating program is as follows. The use of "et al" is not acceptable:

1. \_\_\_\_\_  
(Insured Name and address)

2. \_\_\_\_\_  
(Policy Number)                      (Effective Date)                      (Expiration Date)

\_\_\_\_\_

(Policy Number)                      (Effective Date)                      (Expiration Date)

3. Is Insured a PEO?   Y     N

4. Are the employees of more than one employer covered by the policy?   Y     N

5. If so, How many? \_\_\_\_\_

6. Are all the employers affiliated by common ownership?   Y     N

*For purposes of this report, "Professional Employer Organization" or PEO means any individual or entity subject to registration under the Oklahoma Professional Employer Organization Recognition and Registration Act (40 O.S. §§ 600.1-600.9) regardless of its use of the term "professional employers organization", "PEO", "staff leasing company", "registered staff leasing company", "employee leasing company", or any other name.*

7.    Gross Premium (Manual Premium)\*    \$ \_\_\_\_\_  
(Premium Before Adjustments)

8.    Net premium (Standard Premium)\*    \$ \_\_\_\_\_  
(Premium After Adjustments)

9.    First – Dollar Loss Amount                \$ \_\_\_\_\_  
(Total Loss)

10.   Deductible Amount                         \$ \_\_\_\_\_

11. Type of Collateral pursuant to OAC 365:15-1-3.2 (a)(2)

- (A) Asset admissible pursuant to Articles 16 of Title 36 of the Oklahoma Statutes;
- (B) A surety bond;
- (C) An irrevocable letter of credit;
- (D) Guaranty of a solvent parent or affiliated entity. See footnote<sup>1</sup>;
- (E) Any combination of the foregoing.

12. Policyholder Signature: \_\_\_\_\_

13. Office Address: \_\_\_\_\_

14. \_\_\_\_\_ 15. \_\_\_\_\_  
(Name of Insurance Carrier) (Serff Tracking Number)

16. Signed \_\_\_\_\_  
(Carrier)

17. Printed \_\_\_\_\_  
(Carrier) (Title) (Address)

Insurer is required to maintain or produce, upon the Department's request, gross and net premium data and first-dollar loss data for each workers' compensation policy with a mega deductible. Such data must be maintained on a quarterly basis in accordance with, or in a substantially similar format as, the Oklahoma Mega Deductible Workers' Compensation Experience Reporting Form created by the Commissioner.  
Reporting email address: MegaDeductibleWC@oid.ok.gov

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<sup>1</sup> Obligation of insurer to make factual determination as to financial condition of guarantor parent or affiliate.  
See 365:15-1-3.2(a)(2)(d)

\* As provided in the NCCI Oklahoma Workers Compensation Premium Algorithm Exhibit.