



## Texas Workers Compensation Health Care Network Enrollment Application

Under the provisions of Texas House Bill 7, you may agree to use a health care network (HCN) certified by the Texas Department of Insurance (TDI) and in return receive a premium credit. AmTrust has partnered with the Coventry Workers' Comp Network; in exchange for directing your injured employees to this network, **you will be eligible to receive a premium credit of 10%**. This credit will be applicable as long as you comply with the rules published by the Texas Department of Insurance and continue to utilize the services of the Texas Health Care Network. Employers are required to distribute and post information pertinent to the plan and obtain a signed acknowledgement form from each employee. Workers who live within a network service area are required to choose their treating doctor from a list of network providers. You may be required, at first notice of injury, to provide AmTrust with a copy of the injured employee's acknowledgement form. An insured employer who fails to comply with this agreement may have its premium credit terminated. In the event of noncompliance, thirty days prior written notice of the proposed premium credit termination shall be delivered or mailed to the insured employer.

Complete the following checklist and information below:

- ☐ Review and distribute the English & Spanish materials from the Initial Employee Notification packet (consists of Cover Letter, Employee Notification Letter, Acknowledgment Form, and Provider Instruction Form) and document the method of delivery, to whom the materials were delivered, the location of the delivery, and the date delivered. If there is any other language that applies to 10% or more of your employees, a version of these materials must be distributed in their language as well (please contact your AmTrust independent agent, broker, or underwriter for this).
- ☐ Tell your employees that they must read the Employee Notification Letter and sign the Acknowledgment Form.
- ☐ Retain the signed Acknowledgment Form in each employee's file.
- ☐ If any employee refuses to sign the Acknowledgment Form, document this in their file (an employee who refuses to sign remains subject to the HCN requirements).
- ☐ Post the English & Spanish Worksite Texas Health Care Network Notice at each of your business locations in a conspicuous location for reference by your employees.
- ☐ Implement procedure to provide the materials from the Initial Employee Notification packet to any new employee within three days of hire.
- ☐ Implement procedure to provide the materials from the Time of Injury Employee Notification to any injured employee at the time of injury.

To be completed by Employer's Authorized Representative:

_____ Signature	_____ Date
_____ Typed or Printed Name	_____ Telephone
_____ Title	_____ Insured Employer
_____ Policy Number	_____ Insured Employer Address

Please return this completed, signed application to your AmTrust independent agent, broker, or underwriter