



**DEDUCTIBLE NOTICE OF ELECTION TO ACCEPT OR REJECT A DEDUCTIBLE  
FOR WORKERS' COMPENSATION  
STATE OF ALABAMA**

Date: \_\_\_\_\_

Policyholder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Alabama Law permits an employer to buy Workers' Compensation Insurance with a deductible in exchange for a premium credit as indicated below.

Please indicate whether or not you want the deductible by marking the appropriate box below.

Sign the form and return a copy to us. Failure to return this form within 30 days will mean you have elected not to choose this option.

Yes, I want a deductible

For Total Losses on a Per Claim Basis							
Deductible Amount	Premium Credit - HAZARD GROUP						
	A	B	C	D	E	F	G
\$100	1.3%	0.9%	0.9%	0.6%	0.5%	0.3%	0.3%
\$200	2.4%	1.8%	1.7%	1.2%	1.0%	0.7%	0.6%
\$300	3.5%	2.5%	2.4%	1.8%	1.4%	1.0%	0.8%
\$400	4.4%	3.2%	3.0%	2.3%	1.8%	1.2%	1.1%
\$500	5.2%	3.9%	3.6%	2.7%	2.1%	1.5%	1.3%
\$1,000	8.4%	6.4%	6.0%	4.6%	3.7%	2.6%	2.2%
\$1,500	10.8%	8.2%	7.8%	6.0%	4.9%	3.5%	3.0%
\$2,000	12.8%	9.8%	9.3%	7.2%	5.9%	4.3%	3.7%
\$2,500	14.4%	11.1%	10.6%	8.3%	6.8%	5.0%	4.3%

No, I do not want the deductible described in this notice

Employer's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_