



FL Deductible Plan Election

Policyholder Name: _____

Policy Number: _____

In accordance with statutes, my company wishes to elect a deductible as indicated below. I understand that the selected deductible will remain in effect until such time as a written request for change is submitted and processed by FFVA Mutual Insurance Co.

I choose one of the following options (place check mark by selection):

OPTION 1

Deductible Plan at the selected level would provide the employer with the corresponding premium discount. Gross incurred losses are reported for experience rating purposes.

Deductible Selected: \$ _____

OPTION 2

Florida Mandatory Offer of Deductible Plan at the \$2,500 level where any amount paid by the employer would not apply to experience rating data. There is no premium credit for Option 2.

OPTION 3

I choose not to participate in the Deductible Plan.

Signature: _____ Date: _____
(Corporate Officer or Owner)

Witness: _____ Date: _____