



CADDO VDHCBS WORKERS' COMPENSATION FORM

WHO NEEDS WORKERS' COMPENSATION INSURANCE?

In almost every state, there are laws requiring certain types of businesses to carry workers compensation insurance. Since it can be expensive and time-consuming to determine whether an injured employee or the employer is "at fault" in a workplace accident, workers' compensation laws provide a consistent and fair way to handle the costs and compensation of work-place injuries and occupational diseases.

This document is specifically for employers who operate in the states of Arkansas, Louisiana, and Texas. **For employers within the state of Louisiana, Workers' Compensation insurance is required and you may not opt-out.** For employers operating within Arkansas and Texas, you must make an election and submit this form. You may choose to opt-in to provide Workers' Compensation insurance or simply opt-out.

Workers' compensation insurance, sometimes referred to as workman's comp or workers comp, helps protect both employees and employers if someone is injured on the job or develops a work-related illness.

A worker's compensation policy provides benefits for:

- Lost wages and benefits
- Medical care and rehabilitation services
- Legal representation and compliance services

Examples of workplace injuries that could be covered by workers comp insurance include injuries from lifting heavy objects, slipping and falling, or exposure to chemicals or fires. The injury or illness must have occurred due to a work-related event for workers compensation benefits to apply.

Would you like to opt-in to provide Workers' Compensation Insurance? Yes No

This only applies to Employers in Arkansas and Texas.

Veteran: _____

Employer of Record: _____

This only applies if the Veteran is not the employer.

Please note that if you choose to opt-out and would like to opt-in at a later time, it is your responsibility to let Premier Financial Management Services (Premier FMS) know of any changes by submitting this form with a new election.

Veteran/Employer of Record Signature: _____ Date: ____ / ____ / ____

Please submit the completed form to Premier FMS via one of the following options:

Mail:
10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Phone:
(855) 387-1377

Email:
caddo@premier-fms.com

Fax:
(888) 634-8295