

CONSENT TO GROUP RATE FORM
Special Districts Association of Oregon (SDAO)

DISTRICT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

This consent form allows SAIF Corporation to obtain and use your firm's experience rating information for the purpose of determining a group experience rating for the organization members if they choose to participate in a group insurance plan. The information we are requesting is contained on your Experience Rating Worksheet.

Your consent to allow use of your firm's information does not require you to participate in the organization's group insurance plan. You may still select the most competitive insurance plan or carrier available. If you participate in the organization's group insurance experience rating plan, the premium you must pay for this insurance will be determined in part by the consolidated experience of all members of the group.

Consent will allow your workers' compensation payroll, loss, and experience rating modification information to be consolidated with other consenting organization members to promulgate a group experience rating modification factor to be applied in addition to individual experience ratings for participating organization members. The experience used in the calculation consists of organization members' payroll and loss data which is contained in full within a four year less one day period ending one year prior to the effective date of the group experience rating.

By your signature below, you are verifying you are a member of the organization, are agreeing to allow SAIF Corporation to obtain a copy of your Experience Rating Worksheets, and are allowing your experience rating information contained therein to be combined with other consenting organization members for the purpose of calculating group experience rating.

Please sign and return this form to underwriting@sdao.com by January 31, 2023. You may also mail to PO Box 12613, Salem OR 97309 or fax to 503-371-4781.

NAME: _____
(Print or Type) (Title)

Signature: _____
(Authorized District Representative) (Date)