

SDAO Service Group Enrollment Form

We wish to enroll in the SDAO Workers' Compensation Service Group effective July 1, 2023.

We want to receive the special safety services that SDAO will provide us. This will include top quality risk management services, safety resources, online trainings tailored to Oregon's special districts from SDAO and additional online trainings from SAIF.

We understand that our participation in the SDAO Service Group will not involve any additional expense to us or increase workers' compensation premiums. This enrollment will remain in effect until we revoke it in writing.

We are members in good standing of the Special Districts Association of Oregon.

Entity: _____

Contact Name: _____

Title: _____

Email Address: _____

Signature: _____ **Date:** _____

Additional benefits for enrolling:

- SDAO members participating in the SDIS property/liability program will receive a 4% discount on their property/liability contribution
- \$250,000 in criminal defense coverage for unintended negligence as a result of an injured employee
- \$25,000 in OSHA defense coverage
- \$10,000 in HIPAA defense coverage
- Continued support of the Public Safety Employee Assistance Program for all career firefighters in Oregon and districts with career first responders

LEARN MORE

Visit <https://www.sdao.com/sdao-saif-workers-compensation> for up-to-date information, FAQs, and important forms needed to participate in the program.

Please Return to SDAO
Attention Member Services: memberservices@sdao.com