

**STATE FUND  
AGRICULTURAL  
Workers' Compensation  
Group Program**



**Enrollment Application**

The Montana State Fund (MSF) and the Agricultural Group Associations have entered into an agreement to provide a group program to qualifying Agricultural group members. To participate in the program, a group member must complete and sign this Enrollment Application.

**General Provisions**

Acceptance into the Agricultural Group Montana Workers' Compensation Group program is subject to approval based on the eligibility criteria for the program. The criteria define the classes of business that qualify and eligible loss ratio and/or experience modification factors. The effective date of the policy must be within the contract year. This enrollment application must be received within 90 days of the effective date of the policy to be considered for participation in the group program.

**Participating members shall:**

1. Maintain an individual workers' compensation policy with the Montana State Fund and shall be subject to the terms of the policy.
2. Report all accidents immediately to the Montana State Fund (1-800-332-6102).
3. Adhere to and comply with the minimum safety requirements of the Montana Safety Culture Act and must participate in the loss control program conducted by Montana State Fund. Participation in the loss control program may include but is not limited to attendance at a safety-related seminar, on site safety audit or response to a correspondence type program including but not limited to program-specific materials or publications.
4. Attend an association sponsored safety seminar within one year from the effective date of the policy in the contract year.
5. Maintain an Agricultural Group membership in good standing.

**The Agricultural Group Associations shall:**

1. Assist Montana State Fund in implementation of the plan.

**Montana State Fund shall:**

1. Retain exclusive responsibility for soliciting, underwriting, individual policy issuance and cancellation, claims management and administration and develop, implement and conduct the loss control program.

**Release**

By signing this form, I authorize the Montana State Fund to release to the Agricultural Group Associations (for internal use only) premium and loss data on my workers' compensation policy, information which reflects the timeliness of reporting any work related injuries and the status of my adherence to the terms of the group contract.

**Termination**

1. The Montana State Fund may terminate a member's participation in this program if the insured does not maintain an Agricultural Group membership in good standing or is in default of an obligation to the Montana State Fund.
2. The Montana State Fund may terminate a member's participation by serving notice in writing to all affected parties. Termination is effective the date specified in the notice. If no date is specified in the notice, the date of the written notice is the termination date.
3. Members may terminate their participation by serving notice in writing to the Montana State Fund. Termination is effective the date of the written notice.

**Effective Date**

If the enrollment application is received by Montana State Fund within 90 days of the effective date of the policy within the contract year and the policy qualifies, participation shall commence on the effective date of the policy. The group credit shall apply only if the insured attends SFAG safety training within one year of the effective date of the policy.

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Insured Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy Renewal Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City State Zip: \_\_\_\_\_

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Return completed form to: Montana State Fund PO Box 4759 Helena, MT 59604-4759 Fax # (406) 495-5020