

Group Trust Name	Group Trust Acronym
New Member Name	d.b.a.
Address	City, State, ZIP

The application for membership into a trust along with all required documentation must be filed with the Division for approval or denial within 15 days of the effective date of the application, per 8 CSR 50-3.010(5)(E).

## Documents to be submitted:

- □ Form WC-81B, Application for Membership
- Current Financial Statements
- Experience Modification Worksheet
- Delicy Quote-Premium Worksheet
- Loss Runs (3 years prior)
- Trust Agreement (signature page)
- Proof of Payment (no less than 25% of the estimated annual premium)

Coverage effective date:

Discount (not to exceed 25%):

Does applicant meet trust underwriting guidelines? Yes No

If "No," please provide reason of exception and a copy of the board resolution of approval.

Has the application been approved by the Trust's excess carrier?  $\Box$  Yes  $\Box$  No

## Notes:

Missouri Division of Workers' Compensation is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711