DIVISION OF WORKERS' COMPENSATION

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

P.O. Box 58
Jefferson City, MO 65102-0058
573-751-4231
labor.mo.gov/DWC

GROUP TRUST NEW MEMBER APPLICATION CHECKLIST

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
- ☐ Policy 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? ☐ Yes ☐ No

Notes:

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