| Instructions: All applicable items must be answered. Responses in the shaded area indicate non-compliance with applicable requirements and statutes. Form or rule, page and paragraph references that bring the submission into compliance must be included. Enter “NA” in this column for any item not applicable to the filing being submitted. Failure to complete all items, or responses in the shaded area, will result in this filing being returned without further review. |

<table>
<thead>
<tr>
<th>Name of the Managed Care Organization to be utilized</th>
<th>Amount of Credit (can be no more than 10%)</th>
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<tbody>
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A. Submission includes:

1. A copy of the Business Contract or Management Service Agreement

   YES ☐ NO ☐

2. Documentation of the approval of the agreement/contract by the N.Y.S. Department of Health.

   YES ☐ NO ☐

3. The Office of Managed Care Workers’ Compensation Preferred Provider Organization Certificate of Authority

   YES ☐ NO ☐

4. The New York Preferred Provider Premium Organization Endorsement (WC 3104 03A) and/or the New York Preferred Provider Organization Endorsement (WC 3106 16A) (Filed with the New York Compensation Insurance Rating Board)

   YES ☐ NO ☐


   YES ☐ NO ☐

6. A discount that will remain in effect for no more than 4 years

   YES ☐ NO ☐

B. MANAGED CARE ORGANIZATION/PPOs

1. The rate modification is applied on a multiplicative basis, after the experience modification and before premium discounts and expense fees.

   YES ☐ NO ☐

2. The filing includes the requirements that a policyholder has to maintain in order to remain eligible for the credit.

   YES ☐ NO ☐

3. The filing contains an acknowledgment that any qualified employer who agrees to participate in the program will receive the credit.

   YES ☐ NO ☐

4. The filing includes a list of all counties in which the credit will be utilized.

   YES ☐ NO ☐

5. The filing includes procedures to follow when an insured no longer qualifies for the discount, or has misrepresented its compliance with the managed care agreement.

   YES ☐ NO ☐

6. The credit applies only to insureds located in those counties certified by the Department of Health as approved PPO service areas.

   YES ☐ NO ☐

7. For employers with operations in counties where the Managed Care Credit is not applicable the premium credit is based on standard premium.

   YES ☐ NO ☐

8. The program is retrospectively rated.

   YES ☐ NO ☐

NOTE: For additional information refer to Circular Letter No. 18(1997) and its supplements.