



Mark Gordon
Governor

State of Wyoming
Department of Workforce Services
DIVISION OF WORKERS' COMPENSATION

Risk Management
5221 Yellowstone Rd
Cheyenne, Wyoming 82002
<https://dws.wyo.gov>



Robin Sessions Cooley, J.D.
Director

Elizabeth Gagen, J.D.
Deputy Director

WORKERS' COMPENSATION
DEDUCTIBLE PROGRAM APPLICATION

Employer/Business Name: _____

Employer Number: _____
*Nine-digit policy number

Owner Name: _____

Owner Phone Number: _____

Deductible Contact Name: _____

Deductible Contact Email: _____

Deductible Contact Phone: _____

Street Address: _____

Mailing Address: _____

Chosen Deductible Level:

**Select only one discount level*

**Deductible Level is limited to levels listed in your company's Deductible Program Analysis*

Check Box	Discount	Level
	4%	\$1,000
	10%	\$5,000
	15%	\$10,000
	25%	\$25,000
	37.5%	\$50,000
	45%	\$75,000
	50%	\$100,000

WORKERS' COMPENSATION DEDUCTIBLE PROGRAM APPLICATION

I certify that I am an authorized representative of the business listed above. I understand that this company is not enrolled in the Deductible Program until the following has been completed: Irrevocable Letter of Credit (or Cash Deposit), required financial information is delivered to the Division and a Deductible Program Contract has been signed by all parties. (Note: A draft contract will be mailed following receipt of this application).

Important: The maximum deductible level offered to an employer by the Division shall not be more than fifty percent of the employer's standard premium.

APPLICATION MUST BE RETURNED BY OCTOBER 30

Printed Name

Title

Signature

Date