



**Risk Management Premium Discount**  
**Enrollment Form**

<b>Enrollee:</b>						
<b>Provider Type (please circle):</b>	MD	DO	PA	CNS	CRNA	Nurse Practitioner
<b>Specialty:</b>						
<b>Group Name:</b>						
<b>Policy #:</b>						
<b>Address:</b>						
<b>Email:</b>						
<b>Phone:</b>		<b>Fax:</b>				

<b>Office Manager/Contact Person:</b>			
<b>Phone Number:</b>		<b>Fax:</b>	
<b>Email:</b>			

**\*PLEASE COMPLETE A SEPARATE ENROLLMENT FORM FOR EACH PARTICIPANT\***

**FAX BOTH SIDES TO: (405) 815-4903**

Or Mail to:  
 PLICO Risk Management  
 P.O. Box 1838  
 Oklahoma City, OK 73101-1838