



**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>			

**Important Dates to Remember**

January 1, 2011 renewals:

- **November 1, 2009-October 31, 2010** Activities completed within this time frame will count toward the Risk Management premium discount on your 2011 renewal premium.

February-December 2011 renewals:

- **January 1, 2010-December 31, 2010** Activities completed within this time frame will count toward the Risk Management premium discount on your 2011 renewal premium.

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

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

**Or Mail to:**

**PLICO Risk Management**

**P.O. Box 1838**

**Oklahoma City, OK 73101-1838**