NEW YORK PREFERRED PROVIDER ORGANIZATION PREMIUM ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because New York is shown in Item 3.A. of the information page.

This endorsement provides for the payment of benefits under the Workers' Compensation Law of New York to provide medical services and health care to injured workers for compensable injuries and diseases by means of a Preferred Provider Program which has been certified by the New York Department of Health under Article 10A of the Law.

We will provide you with information concerning the use of the Preferred Provider Organization and your rights and obligations under the program.

A premium reduction percentage of _____% is applicable to your premium because you have exercised your right under the New York Workers' Compensation Law and agreed to use the medical services of a certified Preferred Provider Organization.

Failure to use the medical services of a certified Preferred Provider Organization, where applicable, will result in the forfeiture of the premium reduction.

Schedule

Insured Name Address(es)	**PPO Name(s)**

Effective Date of Employers Participation in the Program_____

Union Employees? ☐ Yes ☐ No Are any union employees in the program? ☐ Yes ☐ No

Total Estimated Number of Employees Covered by PPO_____

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective Policy No. Endorsement No.

Insured Premium $

Insurance Company Countersigned by

DATE OF ISSUE: ST ASSIGN: