



Workers Compensation Fund
Request for Waiver of Subrogation

1 Policy Information	
Insured Name	Policy Number
Policy Effective Date	Today's Date

2 Type (please check one)	
<input type="checkbox"/>	Specific Waiver of Subrogation for a specific job; continue to #3.
<input type="checkbox"/>	Blanket Waiver of Subrogation for multiple jobs; <ul style="list-style-type: none"> Work is/will be performed under a written contract that requires you to obtain this agreement from us? <ul style="list-style-type: none"> <input type="checkbox"/> Yes, please indicate requested effective date: _____, sign and return. <input type="checkbox"/> No, you do not qualify for a waiver of subrogation

Yes

3 Details- Specific			
Requested Effective Date			
Waivers to be issued in Favor of:			
Company Name and Address (physical location of job)	Description of Job or Contract (operations & number of employees)	Job Number	Work is/will be performed under a written contract that requires you to obtain this agreement from us (check one)
1			<input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/> Yes <input type="checkbox"/> No

4 Premium		
Specific Waiver of Subrogation	\$250 per Specific Waiver	
Blanket Waiver of Subrogation	\$750	We will credit Specific Waivers issued prior to a Blanket Waiver request but only up to the \$750 cost of the Blanket Waiver.

5 Completed by (please check one)

	Agent	
	Company Principal (Officer/Partner/Owner)	
Name	Title	
Signature	Telephone	Date

Please return via mail / fax/ email to:

Workers Compensation Fund
Attn. Underwriting Department
100 West Towne Ridge Parkway
Sandy, Utah 84070

If you have any questions, please call 385.351.8020
or 800.446.2667 ext. 8020

Fax: 385.351.8166

applications@wcfgroup.com

www.wcfgroup.com

For your protection, Utah law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in the state prison.

Utah Waiver of Subrogation Facts

1. The Utah Waiver of Subrogation Endorsement specifically states "this agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us."
2. Waivers of Subrogation only waive the Employers' Right to Subrogate.
3. The Waiver does not eliminate the injured employees' right to recover from a third party.
4. The Carrier (WCF) remains the trustee of the cause of action and may be legally required to pursue subrogation on behalf of the injured worker. (U.C.A. §34A-2-106)
5. Your Injured Workers claim will not have the benefit of the offset of a subrogation recovery and will be reported at total incurred value to NCCI for calculation of your experience modification.