

# HCCES EMPLOYER REIMBURSEMENT

## •SUBMISSION REQUIREMENTS•

Please *fax* the following items to AIS on or before the requested effective date. The Company will fax a binder confirmation to the agent, upon review and acceptance. This generally takes two (2) days.

- Application (Fully Completed & Signed)
- Check or Copy of Check payable to HCC Administrator's, Inc.
- Copy of quote
- WC Disclosure
- ERISA Worksheet
- Hierarchy Notification
- Contracting/Licensing, If not already on file

Thank you for your business and please do not hesitate to give us a call if you have any questions or need assistance in completing the paperwork.

### Contacts:

Beckie Ervin ext. 309

Diane Tabone ext. 315

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE CERTAIN RIGHTS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

### ACCIDENT INSURANCE SERVICES

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