

WCLA Claims Management Service

July 1, 2015 – June 30, 2016

To participate in CMS, it is essential that you fill out and sign this form and return it with your check made payable to WCLA, Inc., no later than Friday, July 10, 2015.

Claim Management Service Fee:

Note: the service fee is calculated by multiplying the premiums you have paid over the past four quarters by 1.5%. There is a minimum service fee of \$100 and a maximum service fee of \$4,000.

Please complete as follows:

Apr-Jun 2014 \$ _____

Jul-Sept 2014 \$ _____

Oct-Dec 2014 \$ _____

Jan-Mar 2015 \$ _____

TOTAL PAID : \$ _____ x 1.5% = \$ _____ CMS Fee

TOTAL AMOUNT TO WCLA: \$ _____

(The minimum CMS fee is **\$100** and the maximum fee is **\$4000**)

Company Name: _____ **AccountNumber(s):** _____

Address: _____ **SubAccounts:** _____

City: _____ **State** _____ **ZipCode:** _____

Federal Tax ID No.: _____ **or Soc. Sec. No.:** _____

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Fax Number: _____

Work Number: _____



