

**ELECTION TO BE SUBJECT TO  
RESTRICTIONS (OPT-IN)**

State of Wisconsin  
Office of the Commissioner of Insurance  
P.O. Box 7873  
Madison, WI 53707

Ref: s. 609.925, Wis. Stat.

**Instructions:** A provider who is not under contract or not a selected provider may elect to be subject (opt-in) to the provisions of s. 609.91 (c), Wis. Stat., for statutory immunity of health maintenance organization (HMO) participants for health care costs liability. The health care provider must submit to the Office of the Commissioner of Insurance a separate Election form for each individual HMO insurer to which the Election is to apply. The Election may be terminated by either providing a termination date on this form or by filing a Termination of Election (Opt-in) form with the Commissioner.

Insert requested information and send original to the Office of the Commissioner of Insurance, a photocopy to the subject HMO, and retain a photocopy for your records.

Legal Name of Provider			
Mailing Address	City	State	Zip Code
Contact Person	Phone Number		
HMO for Which Opt-In is Applicable			

The undersigned health care provider hereby elects under s. 609.925, Wis. Stat., to "opt-in"; that is to be subject to s. 609.91 (1) (c), Wis. Stat., provisions of statutory immunity for HMO enrollees for health care cost liability for enrolled participants of the above-specified HMO. The undersigned has authority to make this election. This election may be terminated only by giving written notice to the Commissioner of Insurance, if no stated date of termination is provided here.

Termination Date (Optional)	
Name (Print or Type)	Title
Signature	Date