

**ELECTION OF EXEMPTION (OPT-OUT)**

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

Ref: s. 609.91 (1) (b), Wis. Stat.

**Instructions:** Except as provided in s. 609.93, Wis. Stat., a health care provider may elect to be exempt from the s. 609.91 (1) (b), Wis. Stat., provisions 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 of Exemption form for each individual HMO insurer to which the exemption is to apply. The Election may be terminated by either providing a termination date on this form or by filing a Termination of Election form with the Commissioner. A provider under this contract with the HMO must give this notice to the Commissioner within 30 days of entering the contract. If you are filing Election of Exemption for services which are not under contract, Election must be received by the Office 90 days in advance of the effective date.

**Note:** A member of an IPA may not file this Election. Only the IPA may file this Election for health care provided by members of the IPA.

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	
Date this Election Terminates			
Does this Election Apply to a Contract with the HMO <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Contract was Entered into (Attach a Copy of the Contract)			
HMO for Which Opt-Out is Applicable			

The undersigned health care provider hereby elects under s. 609.92, Wis. Stat., to opt-out; that is to be exempt from the s. 609.91 (1) (b), 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 specified HMO and the Commissioner of Insurance, if no stated date of termination is provided here.

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