

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

Ref: s. 609.92, Wis. Stat.

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

Instructions: A health care provider may elect to be subject to the s. 609.91 (1) (c), Wis. Stat., provisions for statutory immunity of health maintenance organization (HMO) participants for health care costs liability. This form is for terminating a prior Election to opt-in to the statutory immunity provisions of s. 609.91, Wis. Stat.

Complete the information requested and file the original with the Office of the Commissioner of Insurance and a photocopy with the HMO. Retain a photocopy for your records.

The termination date may not be earlier than the date this notice is received by the office.

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

The undersigned health care provider hereby elects under s. 609.925 (2), Wis. Stat., to terminate its prior election to "opt-in" (that is to be subject to the s. 609.91 (1), 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.

Name (Print or Type)	Title
Signature	Date