

**National American Insurance Company**  
**Texas Health Care Network Acknowledgment**

This acknowledgment indicates that you have been informed of Texas legislation regarding the effects of participation or non participation in a Texas Certified Health Care Network. NAICO has offered participation under your worker's compensation policy to provide health care services to your injured employees through National American Insurance Company's contracted network, Texas CorCare Certified Network, CorVel Corporation's certified Workers' Compensation Health Care Network, as provided in Chapter 1305 of the Texas Insurance Code and in title 28, Chapter 10 of the Texas Administrative Code.

We will provide you with information concerning the use of CorVel's Certified Workers' Compensation Health Care Network and your rights and responsibilities as a participant in the network program. This includes information describing the service area(s) applicable to you and your injured employees as required in Rule VI K. of the Texas Basic Manual of Rules, Classifications and Experience Rating Plan for Workers' Compensation and Employers' Liability Insurance. In accordance with Chapter 1305 Texas Insurance Code and Title 28, Chapter 10 of the Texas Administrative Code, we will also provide information required to be given to employees, including an employee's notice of network requirements and an employee acknowledgement form.

Your premium may be affected based on network participation. Opting to participate in to a Certified Texas HealthCare Network will allow you to continue to receive bill reductions above the fee schedule. Opting out of participation in a Certified Texas HealthCare Network will lead to increased medical bills, which may lead to an increase in premium. Premiums may also increase if NAICO determine that you have failed to provide the notice of network requirements and employee acknowledgement form to your employees in accordance with Chapter 1305.005(d) and 1305.451 Texas Insurance Code and Title 28, Chapter 10 of the Texas Administrative Code.

Please indicate below your intention regarding participation in a Texas Certified Healthcare Network:

\_\_\_\_\_ I elect under this policy to provide workers' compensation health care services to injured employees through National American Insurance Company's contracted network, Texas CorCare Certified Network, CorVel Corporation's certified Workers' Compensation Health Care Network.

\_\_\_\_\_ I do not wish to participate in a Texas Certified Healthcare Network.

This acknowledgement will apply to future policy renewals with National American Insurance Company (NAICO) unless the employer notifies NAICO in writing of its desire to terminate network participation.

Signed by \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_  
Signature & Title (Must be signed by Owner, Officer or Partner)

Employer Name \_\_\_\_\_

WC Policy No. \_\_\_\_\_ Effective Date \_\_\_\_\_

Please return to National American Insurance Company

Fax: 405-240-5438

Mail: P.O. Box 38, Chandler, OK 74834