



# HCN Complete Enrollment Kit

January 2013

Dear Valued Customer,  
RE: Zurich's Texas Workers' Compensation Health Care Network

Zurich is pleased to offer the certified Zurich Services Corporation Texas Health Care Network (Zurich HCN) for workers' compensation claims. We believe our HCN will enable us to provide superior care and outcomes while enabling timely and appropriate return to work. The Zurich HCN currently covers 252 counties representing approximately 99 percent of the Texas workforce, including the Dallas/Fort Worth, Austin, San Antonio, Houston, Lubbock, Amarillo, Corpus Christi and South Texas areas.

## Key Benefits of Implementing the HCN

- Control over provider choice – injured workers must treat in network
- Only certain types of providers may serve as treating doctors
- Referrals must be made in network if services are available in network
- Most provider reimbursements are less than the state fee schedule
- Customers written on a loss sensitive basis (either on a retrospective rating or deductible policy) may see savings in the form of loss cost reductions.

To enroll in the Zurich HCN, you must educate each of your employees regarding their rights and obligations under the Zurich HCN. Employee notification/education includes providing each employee with the **Notice of Network Requirements** contained within the **Complete Enrollment Kit** found on the Zurich website. To help you fulfill this HCN requirement, we have created an **Instructions for Enrollment** document that will help you confirm that you have completed all of the required steps to establish your enrollment in the Zurich HCN.

**\*\*\*IMPORTANT NOTE: your policy will not be considered enrolled in the Zurich HCN unless you properly complete the enrollment steps and confirmation of enrollment (via the employer enrollment form) is provided to and acknowledged by Zurich\*\*\***

Should you have any questions as you educate your employees regarding enrollment in the Zurich HCN, please feel free to discuss with your underwriting representative by calling 800-842-0178. You may also send an email to [mcaenrollment@zurichna.com](mailto:mcaenrollment@zurichna.com) for assistance from our Managed Care Customer Service Associates.

Sincerely,

Zurich

## Employer Instructions for Implementing the Zurich Services Corporation Texas Health Care Network

**\*\*\*IMPORTANT NOTE: your policy will not be considered enrolled in the Zurich HCN unless you properly complete the enrollment steps and confirmation of enrollment (via the employer enrollment form) is provided to and acknowledged by Zurich\*\*\***

Please use this guide to ensure each employee is properly educated regarding the use of the Zurich Services Corporation Texas Health Care Network (Zurich HCN). If the employee is not properly educated about the Zurich HCN, or should we be unable to demonstrate an injured employee was properly educated, Zurich may be unable to direct medical treatment within the Zurich HCN.

### Initial HCN Enrollment Steps

#### 1. Confirm addition of the tx hcn policy endorsement.

Your underwriter or account representative should have asked you about your interest in participating in the Zurich HCN at the time of policy issuance. If participation and policy endorsements were not discussed at the time of policy issuance, or if you are unsure about how to enroll in the Zurich HCN, please call 1-800-842-0178 or send an email to [mcaenrollment@zurichna.com](mailto:mcaenrollment@zurichna.com). A staff member will contact you to answer questions regarding participation in the HCN and the steps required for enrollment, and will confirm that any required endorsements have been applied to your policy.

#### 2. Download the required educational materials.

Access the Zurich website to obtain the information required to educate your employees about the use of the Zurich HCN.

- Log on to [www.zurichna.com](http://www.zurichna.com)
- Select "Claim Information"
- Select "State Managed Care Network Documents" under "Helpful Information" located on the right hand side of the screen

*Note: You may not modify the employee education materials –they must be used exactly as provided as the content has been approved by the Texas Department of Insurance. If you need or want to personalize the material for your company, we suggest you do so in a separate cover memo.*

#### 3. Distribute the required educational material to EACH employee.

The required material includes the **Notice of Network Requirements**, the **Employee Acknowledgement Form**, and the **Network Service Area Map**. Examples of appropriate methods of delivery can be found on the **Employer Enrollment Form**.

#### 4. Maintain proof that your employees were properly educated regarding use of the Zurich HCN.

Have each employee sign the **Employee Acknowledgement Form** and maintain a copy of that form in their personnel file. Proof of proper employee notification and education may be requested by the Texas Department of Insurance. It is the responsibility of the employer to maintain and produce such records.

#### 5. Sign and return the Employer Enrollment Form to Zurich.

Once you have completed the enrollment process for your employees, please fill out, sign, and return the Employer Enrollment Form via email to [mcaenrollment@zurichna.com](mailto:mcaenrollment@zurichna.com) or via fax at TBD. *Note: Zurich will confirm completion of enrollment following submission of the form. Your enrollment is NOT complete until Zurich has reviewed and acknowledged receipt of this form and provided you with the enrollment confirmation.*

## Ongoing HCN Requirements

### At time of injury

You must re-educate/notify an employee regarding the use of the HCN again at the time of injury.

### New hires

You must provide the required educational materials to each new hire to ensure proper notification regarding use of the HCN.

### Instructions for notifying an employee at time of injury or for new hires

1. Provide the employee with the **Notice of Network Requirements**.
2. Secure the employee's confirmation of receipt of this information and maintain in the employee's personnel file for future reference.
3. You must direct the injured worker to an HCN provider. In an emergency, you must direct the injured worker to the nearest emergency room, regardless of whether or not it is part of the Zurich HCN. You can locate network providers in two ways:
  - a. Log on to [www.zurichna.com](http://www.zurichna.com)  
Click on "Online Services"  
Click on "Customers"  
Click on "Zurich C.a.r.e Directory Online"  
If prompted for password, enter "zurichna"
  - b. Call Zurich's Customer Care Center at:  
800-842-0178
4. Follow your standard procedures for reporting the injury to Zurich.

## Zurich Services Corporation Health Care Network (HCN) Information, Instructions and your Rights and Obligations

Dear Employee,

Your employer has chosen Zurich Services Corporation Health Care Network (HCN) to manage the health care and treatment you may receive if you are injured. Zurich Services Corporation Health Care Network (HCN) is a certified workers compensation health care network. The State of Texas has approved this network to provide care for work related injuries. This program includes a network of health care providers who are trained in treating work related injuries. They are also trained in getting people back to work safely. The Zurich Services Corporation Health Care Network (HCN) service area includes counties in and around the major metropolitan areas. These service areas are shown in the enclosed map.

If you are injured at work, tell your supervisor or employer as soon as you can. The enclosed information will help you to seek care for your injury. Also, your employer will help with any questions about how to get treatment through the Zurich Services Corporation Health Care Network (HCN). You may also contact your workers' compensation insurer for any questions about your care and treatment for a work related injury. Zurich Services Corporation Health Care Network (HCN) and your employer have formed a team to provide timely health care for injured workers. The goal is to return you to work as soon as it is safe to do so.

The Network must arrange for services, including referrals to specialists, to be accessible to an employee on a timely basis on request and within the time appropriate to the circumstances and condition of the injured employee, but not later than 21 days after the date of the request.

## Your Rights and Obligations...

### How do I find out which doctors are in my HCN?

If you are hurt at work and you live in the network service area, you must choose a treating doctor from the Zurich Services Corporation Health Care Network (HCN).

Treating doctors have been identified as:

- The primary doctor who will give care for your workers' compensation injury
- Who will refer within the network for specialty care
- Who will participate in case management activities within the HCN
- Doctors who have special training to provide maximum medical improvement and impairment ratings

If you need any help in choosing a treating doctor, contact your nearest claims office at the 1-866 number listed below. Ask for your case manager by name or for the network representative if you have not been assigned to a case manager yet.

Claims Office – Dallas  
P.O Box 968023  
Schaumburg, IL 60196-8023  
866-828-6816

Your case manager will be able to answer your questions about the HCN and tell you how to receive or access the names of the doctors in the HCN. You may also call our Managed Care department, at 1-866-732-5342 or visit our website at [www.zurichna.com](http://www.zurichna.com) to access a list of HCN providers in your area as shown below.

### Directions to online provider listing/directory

1. Log on [www.zurichna.com](http://www.zurichna.com)
  2. Log on "Online Services"
  3. Log on "Customers"
  4. Log on "Zurich C.a.r.e. Directory Online"
- If prompted for password, enter "zurichna"

### Instructions on locating a network provider

1. Enter your address (you must enter a valid zip code or city & state)
2. Search by distance from your address
3. Sort results by: Distance | Name | Specialty

4. Sort number of providers by page: 10– 250 providers per page
5. Select provider type
6. Click on "Find Providers"

The provider list is updated on a monthly basis and identifies treating providers and specialists, separately. You will also be able to identify the providers who are authorized to assess maximum medical improvement, and render impairment ratings and who accept new patients.

### Choosing a treating doctor

This is required for you to receive coverage of the costs for the care of your work related injury. If at the time you are injured you belong to a health maintenance organization (HMO), you may choose your HMO primary care physician as your treating doctor. You must have chosen the doctor as your primary care doctor prior to your injury. We will approve the choice of your HMO doctor if he or she agrees to the terms of the network contract. The doctor must also agree to abide by applicable laws. If you were injured before your insurer contracted with the network and you live in the service area, you must choose a network treating doctor. You need to select a new treating doctor within 14 days of receiving this notice. If you do not make a choice within 14 days, the HCN will select a treating doctor for you. You may also request a doctor you chose as your HMO primary care doctor before you were hurt. You must do this upon receipt of this notice.

If you have a chronic, life-threatening injury or chronic pain related to a compensable injury, you may apply to the network's medical director to use a specialist that is in the same network as your treating doctor.

If your treating doctor leaves the network we will tell you in writing. You will have the right to choose another treating doctor from the list of network doctors. If your doctor leaves the network and you have a life threatening or acute condition for which a disruption of care would be harmful to you, your doctor may request that you treat with him or her for an extra 90 days.

If you believe you live outside of the service area, you may request a service area review by calling your insurer and asking for the HCN network representative at the 1-866 number below. You should provide proof to support your belief. Within 7 days of receiving your request for review, the insurer will notify you of its decision in writing.

Claims Office - Dallas  
P.O. Box 968023  
Schaumburg, IL 60196-8023  
866- 828-6816

If you do not agree with the final decision of the insurer you have the right to file a complaint with the Texas Department of Insurance. Your complaint must include your name, address, telephone number, a copy of the insurer's decision and any proof you sent to the insurer for review. A complaint form is available on the department's website at [www.tdi.texas.gov/wc/wcnet/index](http://www.tdi.texas.gov/wc/wcnet/index). You may also ask for a form by writing to the HMO Division, Mail Code 103-6A, Texas Department of Insurance, P.O. Box 149104 Austin, Texas 78714-9104.

When waiting for the insurer to make a decision or the Texas Department of Insurance to review your complaint, you may choose to receive all health care from the network. You may be required to pay for health care services received out of the network if it is finally decided that you do live in the network's service area.

A provider listing is available at your worksite or visit our website at: [www.zurichna.com](http://www.zurichna.com)

#### **Directions to online provider listing/directory**

1. Log on [www.zurichna.com](http://www.zurichna.com)
2. Log on "Online Services"
3. Log on "Customers"
4. Log on "Zurich C.a.r.e. Directory Online"

If prompted for password, enter "zurichna"

#### **Instructions on locating a network provider**

1. Enter your name and address (you must enter a valid zip code or city & state)
2. Search by distance from your address
3. Sort results by: Distance | Name | Specialty
4. Sort number of providers by page: 10 – 250 providers per page
5. Select provider type
6. Click on "Find Providers"

#### **Changing doctors**

It may happen that you become dissatisfied with your first choice of a treating doctor. You can select an alternate treating

doctor from the list of network treating doctors in the service area where you live. We will not deny a choice of an alternate treating doctor. Before you can change treating doctors a second time, you must get permission from us.

#### **Referrals**

Except for emergency services, your treating doctor will provide all your health care. You do not have to get a referral if you have an emergency health condition. The Network must arrange for services, including referrals to specialists, to be accessible to an employee on a timely basis on request and within the time appropriate to the circumstances and condition of the injured employee, but not later than 21 days after the date of the request.

#### **Payment for health care and limitations of accessibility**

Network doctors have agreed to look to the insurer for payment for your health care. They will not look to you for payment. If you obtain health care from a doctor who is not in the network without prior approval from Zurich Services Corporation Health Care Network (HCN), you may have to pay for the cost of that care. You may only access non-network health care providers and still be eligible for coverage of your medical costs if one of the following situations occurs.

- Emergency care is needed. You should go to the nearest hospital or emergency care facility.
- You do not live within the service area of the network.
- Your treating doctor refers you to an out of network provider or facility. Zurich Services Corporation Health Care Network (HCN) must approve this referral.
- If you select to use your HMO primary care doctor, he must agree to abide by the network contract and applicable laws.

#### **Complaints**

You have the right to file a complaint with Zurich Services Corporation Health Care Network (HCN). You may do this if you are dissatisfied with any aspect of network operations. This includes a complaint about your network doctor. It may also be a general complaint about the Zurich Services Corporation Health Care Network (HCN).

To file a complaint you must contact Zurich Services Corporation Health Care Network (HCN), within 90 days after the event at:

Zurich Services Corporation Health Care Network (HCN),  
Grievance Coordinator  
P.O. Box 968023  
Schaumburg, IL 60196-8023  
1-800-835-7169  
[USZ.TXGrievance@zurichna.com](mailto:USZ.TXGrievance@zurichna.com)

Upon receipt of a complaint, you will be sent an acknowledgement letter within 7 days. The letter will describe the network's complaint procedures and deadlines. Zurich Services Corporation Health Care Network (HCN) will review and resolve the complaint within 30 days of receipt of the request.

Texas law does not permit Zurich Services Corporation Health Care Network (HCN) to retaliate against you if you file a complaint against the network. We also can not retaliate if you appeal the decision of the network. The law also does not permit us to retaliate against your treating doctor if he or she files a complaint against the network or appeals the decision of the network on your behalf. You also have the right to file a complaint with the Texas Department of Insurance. The Texas Department of Insurance complaint form is available on the department's website at [www.tdi.texas.gov/wc/wcnet](http://www.tdi.texas.gov/wc/wcnet) or you may request a form by writing to the HMO Division, Mail Code 103-6A, Texas Department of Insurance, P.O. Box 149104 Austin, Texas 78714-9104.

#### **What to do if you are injured while on the job...**

If you are injured while on the job tell your employer as soon as possible. A list of network treating doctors in your service area is posted at your worksite. A complete state directory is also available on-line at the Zurich North America website ([zurichna.com](http://zurichna.com)) or from your network representative or case manager. We will help you get an appointment with a network doctor. Your case manager can also help you with any questions you have regarding access to care.

#### **In case of an emergency...**

If you are injured and it is an emergency, you should seek treatment at the nearest emergency facility as soon as possible. This also applies if you are injured outside the service area and if you are injured after normal business hours.

After you receive emergency care, you may need ongoing care. You will need to select a network doctor from the list that your employer has given you. The doctor you choose will oversee the care you receive for your work related injury. Except for emergency care you must obtain all health care and specialist referrals through your treating doctor.

Emergency care does not need to be approved in advance. "Medical emergency" is defined in Texas laws. It is a medical condition that comes up suddenly. There are acute symptoms that are severe enough that a reasonable person would believe that you need immediate care or you would be harmed. That harm would include your health or bodily functions being in danger or a loss of function of any body organ or part.

#### **Non-emergency care...**

Report your injury to your employer as soon as you can. Select a network treating doctor from the list given to you by your employer. Go to that doctor to be treated.

Treatment prescribed by your doctor may need to be approved in advance. You or your doctor are required to request approval from the insurer or the network for a specific treatment or services before the treatment or service is provided. You may continue to need treatment after the approved treatment is provided. For example, you may need to stay more days in the hospital than what was first approved. If so, the added treatment must be approved in advance.

**The following treatment requests must be approved in advance:**

- Acupuncture
- All PT and OT
- Biofeedback
- Botox Injections
- Chemical Dependency Programs
- Chiropractic care beyond 12 sessions
- Dental work over \$1000
- Discograms
- DME over \$500
- EMG /NCV testing
- Epidural Steroid Injections
- External and implantable bone growth stimulators
- Facet Injections
- Health club Membership
- Home Aide/Physical Therapy Aide
- Home Health Nursing
- IDET (Intradiscal electrothermoplasty)
- Inpatient Hospital Stays (length of stay review)
- Inpatient Rehabilitation
- Interferential stimulators (alpha wave, H wave, etc.)
- Investigational or Experimental Devices or Services
- Manipulations (Under Anesthesia)
- Massage Therapy
- Morphine Pain Pump
- Myelograms
- Neuromuscular stimulator devices
- Outpatient and Inpatient Surgeries
- Pain Management, initial evaluation and "full" chronic pain management programs
- Prolotherapy
- Psychological Testing before a pain management program begins
- Psychotherapy, with Social Worker, Psychologist or Psychiatrist
- Radiofrequency Thermocoagulation (RFTC) of facet joints
- REPEAT MRI's (MRI/Scan of the spine within the first 4 weeks or repeat of all MRI for all body parts)
- RFTC or cryotherapy/ cryoablation of any nerve or joint
- SI Joint Injection
- Skilled Nursing Facility, Nursing home, convalescent or residential care
- Specified Medication per Texas Closed Formulary
- Spinal cord stimulators
- Spinal Surgery
- Trigger Point Injections
- Vax-D
- Work Conditioning Programs
- Work Hardening Programs

The number to call to request one of these treatments is 1-800-451-8731.

If a treatment or service request is denied, we will send you a written non-certification (adverse determination) notice. This written notice will have information about your right to request a reconsideration of the denied treatment. The notice will also tell you about your right to request review by an Independent Review Organization through the Texas Department of Insurance.

You may call Zurich Services Corporation Health Care Network (HCN) at 1- 800-451-8731 or send in writing a request for reconsideration of the adverse determination not later than the 30th day of receipt of non-certification notice. Zurich Services Corporation Health Care Network (HCN) will send an acknowledgement letter no later than the 5th calendar day of receipt of reconsideration.

Zurich Services Corporation Health Care Network (HCN) will provide written notification of the determination of the request of reconsideration but, not later than the 30th day after the date the request was received.

## Employee Acknowledgment of Workers' Compensation Network

I have received information that tells me how to get health care under workers' compensation insurance.

If I am hurt on the job and live in the service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.

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Date

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Signature

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Printed Name

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Home Address

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City

State

Zip

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Name of Employer

Zurich Services Corporation HCN

Name of Network



## Zurich Services Corporation Health Care Network (HCN)/Coventry Service Area Map

Anderson	Comanche	Gregg	Lamb
Andrews	Concho	Guadalupe	Lamar
Angelina	Cooke	Hale	Lampasas
Aransas	Coryell	Hall	LaSalle
Armstrong	Cottle	Hamilton	Lavaca
Archer	Crane	Hansford	Lee
Atascosa	Crockett	Hardeman	Leon
Austin	Crosby	Hardin	Liberty
Bailey	Culberson	Harris	Limestone
Bandera	Dallas	Harrison	Lipscomb
Bastrop	Dallam	Hartley	Live Oak
Baylor	Dawson	Haskell	Llano
Bee	Deaf Smith	Hays	Loving
Bell	Delta	Hemphill	Lubbock
Bexar	Denton	Henderson	Lynn
Blanco	Dewitt	Hidalgo	Madison
Borden	Dickens	Hill	Marion
Bosque	Dimmit	Hockley	Martin
Bowie	Donley	Hood	Mason
Brazoria	Duval	Hopkins	Matagorda
Brazos	Eastland	Howard	Maverick
Brewster	Ector	Houston	McCulloch
Briscoe	Edwards	Hudspeth	McLennan
Brooks	Ellis	Hunt	McMullen
Brown	El Paso	Hutchinson	Medina
Burleson	Erath	Jack	Menard
Burnet	Falls	Jackson	Midland
Caldwell	Fannin	Jasper	Milam
Callahan	Fayette	Jeff Davis	Mills
Calhoun	Fisher	Jefferson	Mitchell
Cameron	Floyd	Jim Hogg	Motley
Camp	Foard	Jim Wells	Montague
Carson	Franklin	Jones	Montgomery
Cass	Fort Bend	Johnson	Moore
Castro	Freestone	Irion	Morris
Chambers	Frio	Karnes	Nacogdoches
Cherokee	Gaines	Kaufman	Navarro
Childress	Galveston	Kendall	Newton
Clay	Garza	Kenedy	Nolan
Cochran	Gillespie	Kent	Nueces
Collin	Glasscock	Kerr	Ochiltree
Collingsworth	Goliad	Kimble	Oldham
Coke	Gonzales	King	Orange
Coleman	Gray	Kinney	Palo Pinto
Colorado	Grayson	Kleberg	Panola
Comal	Grimes	Knox	Parker



Parmer	Shackelford	Val Verde
Pecos	Shelby	Van Zandt
Polk	Sherman	Victoria
Potter	Smith	Walker
Presidio	Starr	Waller
Rains	Stephens	Ward
Randall	Sterling	Washington
Real	Stonewall	Webb
Refugio	Sutton	Wharton
Reagan	Somervell	Wheeler
Red River	Swisher	Wichita
Reeves	Tarrant	Wilbarger
Roberts	Taylor	Willacy
Robertson	Terrell	Williamson
Rockwall	Terry	Wilson
Runnels	Throckmorton	Winkler
Rusk	Travis	Wise
Sabine	Titus	Wood
San Augustine	Tom Green	Yoakum
San Jacinto	Trinity	Young
San Patricio	Tyler	Zapata
San Saba	Upshur	Zavala
Schleicher	Upton	
Scurry	Uvalde	

## Texas Health Care Network Employer Enrollment Form

To comply with the Texas Administrative Code and Texas Insurance Code pertaining to the use of a Texas Health Care Network, Zurich requires each employer to complete all of the steps outlined in the Instructions for Enrollment document. Once you have completed all the steps for enrollment, please submit this completed form to affirm that you, as the employer, understand and have completed the actions required to enroll in the Zurich Services Corporation Texas Health Care Network (Zurich HCN).

Please initial the below to acknowledge that you have performed the following actions required to complete enrollment in the Zurich HCN:

\_\_\_\_\_ You have provided a copy of **Notice of Network Requirements** to each employee. Note: Please remember that you will also need to provide this notice to all future new hires and to all employees at the time of injury to comply with the Zurich HCN notice requirements.

\_\_\_\_\_ You have retained proof of the method of delivery of the **Notice of Network Requirements**. Examples of documented delivery:

- |   |   |
|---|---|
| <input type="checkbox"/> In person meeting (document by use of attendance log)      | <input type="checkbox"/> Employee Paycheck            |
| <input type="checkbox"/> Email notification (request an electronic signature)       | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Notice by Mail (obtain receipt of delivery of each notice) |   |

\_\_\_\_\_ You have retained a signed **Employee Acknowledgment Form** in each employee's personnel file. The form is located on page 8 of the **Notice of Network Requirements**. If the employee refuses to sign the acknowledgement form, the employee is nonetheless required to obtain treatment for a compensable workers' compensation injury through the Zurich HCN provider network. In these instances, employer should retain proof of the method in which notice was delivered to the employee and document refusal to sign in the employee's personnel record.

\_\_\_\_\_ You have posted a **Notice of Network Requirements** in a public area at each place of employment.

### Employer Agreement/Acknowledgement

Please review, sign, and return to Zurich via Email: [mcaenrollment@zurichna.com](mailto:mcaenrollment@zurichna.com).

I hereby acknowledge that I have read and understand the material Zurich has made available on their website concerning the Texas HCN rules and procedures and I have completed the above steps to enroll in the Zurich HCN.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Contact Phone/Email: \_\_\_\_\_

Named Insured/Policyholder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Enrollment in the Zurich HCN is not complete until Zurich receives the signed Employer Enrollment Form and confirms the appropriate TX HCN endorsement and policy credit (if applicable) has been added to your policy. Zurich will provide the above named individual with acknowledgement of HCN enrollment once all information has been confirmed.

Note: Per Rule VI.K.1 of the Texas Workers Compensation and Employers Liability Manual, published by the Texas Department of Insurance, insurance carriers must give 30 days notice before they can rescind a premium credit if the policyholder failed to provide employees the notification requirements. Chapter 1305.005(d) and 1305.451 of the Texas Insurance Code and Title 28, Chapter 10 of the Texas Administrative Code describes these requirements.

#### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Zurich

1400 American Lane, Schaumburg, Illinois 60196-1056  
800 382 2150 [www.zurichna.com](http://www.zurichna.com)

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