

**INTENT TO PARTICIPATE IN ACCO-SIF  
(Worker's Compensation)**

**MUSKOGEE COUNTY**

**2024-2025**

**Payment Options:**

**Decision: (mark X)**

**Payment Option – 1**  
Payment due in full by July 31, 2024

\_\_\_\_\_  
X

**Payment Option – 2**  
1<sup>st</sup> Installment due July 31, 2024  
2<sup>nd</sup> Installment due Jan. 31, 2025

\_\_\_\_\_

**For binding coverage effective July 1, 2024 through June 30, 2025, ACCO-SIF accepts and authorizes issuance of the Association of County Commissioners of Oklahoma – Self Insured Fund Workers Compensation Policy incorporating the above payment option.**

**Chairman**

\_\_\_\_\_  
*[Handwritten Signature]*

**Attest:**

\_\_\_\_\_  
*[Handwritten Signature]*

**Member**

\_\_\_\_\_  
*[Handwritten Signature]*

**Member**

\_\_\_\_\_  
*[Handwritten Signature]*



**ACCO SELF INSURANCE FUND  
WORKERS' COMPENSATION INSURANCE QUOTE**

FOR

**MUSKOGEE COUNTY**

COVERAGE PERIOD FROM (7-1-2024)-(6-30-2025)

**PAYMENT OPTION (ONE)**

\$ 207,525

DUE ON OR BEFORE JULY 31, 2024

**PAYMENT OPTION (TWO)**

\$ 103,762

DUE ON OR BEFORE JULY 31, 2024

\$ 106,875

DUE ON OR BEFORE JANUARY 31, 2025

TOTAL PAYMENT OPTION (TWO)

\$ 210,637