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**541.312.0018** Deschutes County  
**541.882.1466** Klamath County  
**800.303.8680** All Other Areas  
**541.882.1447** Fax

## Individual Policy Occupational Coverage Request Form

If you own a business or are self-employed and you are NOT covered by Workers' Compensation,  
 you may be eligible for occupational coverage at no additional charge.  
 This coverage is not available to any dependents on the policy, but only to the Policyholder upon underwriting approval.

*(Please type or print neatly in black or dark blue ink.)*

Last Name	First Name	MI	Social Security Number
Home Address	City	State	ZIP
Home Address			Home Phone Number
Business Name			Occupation/Title
Business Address (if different)	City	State	ZIP
Business Address (if different)			Business Phone Number
Are you a business owner or self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently covered by Workers' Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Job Description (list all physical activities associated with your job and note estimated percentage of time spent at each):

Activity	Percent

I understand that my request for occupational coverage is subject to approval by Preferred Health. If my request is approved, an endorsement will be added to my policy extending my medical coverage to cover the occupation and job duties listed on this application. I also understand that if my occupation or job duties change, it is my responsibility to notify Preferred Health immediately. I must then complete a new Occupational Coverage Request Form indicating my change in occupation, which is again subject to approval by Preferred Health.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_