



Mutual Value Plan Request to Participate

On the date indicated below, I, the undersigned Insured Policyholder of State Volunteer Mutual Insurance Company (SVMIC):

Request to participate in the Mutual Value Plan (MVP).

Decline to participate in the Mutual Value Plan (MVP).

If I have requested to participate in the State Volunteer Mutual Insurance Company Mutual Value Plan (MVP), I acknowledge and agree that my request may be accepted or rejected by State Volunteer Mutual Insurance Company in its sole discretion in accordance with the eligibility requirements for participation in the MVP now or hereafter in effect. I also acknowledge and agree that my participation in the MVP will be governed by the Mutual Value Plan Document (MVP Plan Document) and certain policies, procedures, and requirements adopted by State Volunteer Mutual Insurance Company's Board of Directors from time to time.

I acknowledge that I have received, read, and understand the MVP Plan Document and accept and agree to abide by and honor the details, terms and conditions of the MVP as described in the MVP Plan Document. I understand that State Volunteer Mutual Insurance Company's Board of Directors, in its sole discretion and without prior notice, may withdraw, cancel, or modify the MVP.

Print Insured Name: _____

SVMIC Account Number,
Medical License Number,
or NPI Number: _____

Email Address: _____

Insured Signature: _____

Date: _____

I would like SVMIC to create an eAccess account on my behalf. If you choose this option, your account information will be emailed to you. Otherwise, you can create your eAccess account on your own at any time.