Department of Labor and Industries Self-Insurance Section PO Box 44891 Olympia WA 98504-4891



SELF-INSURER'S PENSION BOND

Express Mail: 7273 Linderson Way SW Tumwater WA 98501

derson Way SW r WA 98501	BOND NO:	
KNOW ALL PERSONS BY THE	SE DDESENTS that	
	, as Principal, having its principal office at	
	, as Timelpui, having its principui office at	
office at bound unto the STATE OF WASHING in the penal sum of	ty business in the state of Washington, having its principal as Surety are held and firmly NGTON, DEPARTMENT OF LABOR AND INDUSTRIES, DOLLARS to f which the Principal and Surety bind themselves, their cessors, and assigns, jointly and severally, firmly by these	
said Department, under the provision	on is such that the said Principal has elected to reimburse the as of RCW 51.44.070, for the payments to be made from the mber,	
NOW THEREFORE, it is understood		
Pension Reserve Fund to the claimathen this obligation shall be null a Surety agrees that it may not assign	the Department for all payments by the Department from the ant according to the terms and provisions of RCW 51.44.070, and void; otherwise it remains in full force and effect. The or transfer its rights, remedies, obligations or causes of action roval of the Department of Labor and Industries.	
	with this obligation shall be reviewed annually. Any change extend to the entire pension obligation and be issued on the hich will be attached to this bond.	
	ce by the Self-Insurance Program Manager. The original will n of the Department of Labor and Industries.	
4. This bond is continuous in form the manner hereinafter provided.	and shall remain in full force and effect unless terminated in	
	ed by either the Principal or the Surety unless the Principal or substitute bond in accordance with the terms of RCW	
including reasonable attorney's fees	re held and firmly bound for the payment of all legal costs, incurred in any or all actions or proceedings taken to enforce ent of any award or judgment rendered against the Surety, on d.	
7. The effective date of this bond is		

Name	of Claimant	Claim Number	Bond Number
to the	beneficiary or beneficiarie		payments made by the Department e Surety, the Surety shall pay any shall then have the option to:
A		sum of money equal to the cash nnually by the Department, or,	value of the remaining pension
В.	Labor and Industries up of paying the cash value Quarterly reimbursement	ntil such obligation ceases or un ne of the pension reserve as calc	be limited to the penal sum of this
		Principal	
		Name	Date
		Title	
		Signature	
		Surety	
		Name	Date
		Title	
		Signature	
	Accepted by the State of Department of Labor an		
te	Self-Insurance Pro	gram Manager	