



Department of Labor and Training
 Workers' Compensation Self-Insurance Unit
 P.O. Box 20190, Cranston, RI 02920-0942
 Telephone: (401) 462-8100, Fax: (401) 462-8095

Certificate of Deposit Agreement

It is hereby agreed that a Certificate of Deposit bearing customer # _____ and account number _____ furnished by _____, will be held by _____ until released in writing by the Director of the Rhode Island Department of Labor & Training or the Director's designee or until drawn on as needed due to the inability of _____ to pay Rhode Island Workers' Compensation claims that are outstanding and arise in the period beginning _____ and while certified for Workers' Compensation self funding. _____ agrees to pay into this account \$ _____. All interest received in connection with the Certificate of Deposit will be returned to _____.

_____ agrees that they will bear all costs if any for depository, safekeeping, fiduciary, etc.

The status of this account is to be furnished to the Director monthly during the period of time it runs. Such instrument to be drawn on only by the Director and/or only with the Director's explicit written permission. Such instrument is to be solely for the purpose as stated and not subject to any creditor and not to be used as an asset if _____ is unable to meet their workers' compensation obligations. _____ is to be notified of any drawings against the Certificate of Deposit.

Account # _____ Customer # _____

Customer: _____

By: _____

Date: _____

Department of Labor & Training

Bank: _____

By: _____

By: _____

Date: _____

Date: _____

RI SI-7b

DLT is an equal opportunity employer/program. Auxiliary aids and services are available on request to individuals with disabilities. TTY via RI Relay 711