



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

TRUST AGREEMENT

It is hereby agreed that a Trust Fund 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 \$ _____ each month beginning in _____ and continuing. These monthly payments may be reduced or stopped only with the written permission of the Department. All interest or other income received in connection with any investment of sums held pursuant to the terms of this agreement shall be added to and held pursuant to the terms of this agreement. Upon reaching a balance of \$ _____, _____ shall purchase United States Treasury Bills bearing customer # _____ and account # _____. _____ agrees that they will bear all costs if any for depository, safekeeping, fiduciary, etc., charges that may be made by _____ while this account is in effect or being used to pay Rhode Island Workers' Compensation claims or purchased United States Treasury Bills as intended by the Director.

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 self-insured is unable to meet their workers' compensation obligations.

Account # _____ Customer # _____

Customer:

Evidenced by: Pending Escrow Agreement with _____
 (Company)

By: _____ Date: _____

Department of Labor & Training Escrow Agent:

By: _____ By: _____

Date: _____ Date: _____

RI SI-7a

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