

**MASSACHUSETTS BENEFITS DEDUCTIBLE ENDORSEMENT**

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because Massachusetts is listed in Item 3.A. of the Information Page.

1. Part One (Workers Compensation Insurance) applies only to benefits in excess of the deductible amount shown in the Schedule below.
2. This deductible applies separately to each claim for bodily injury by accident or disease.
3. We will pay the deductible amount for you, but you must reimburse us within 30 days after we send you notice that payment is due. If you fail to fully reimburse us, we may cancel the policy as provided in Part Six—Conditions Section D. Cancellation of the policy. We may keep the amount of unearned premium that will reimburse us for the payments we made. These rights are in addition to other rights we have to be reimbursed.
4. You agree that any claim and its cost shall be included in experience data used to determine experience modifications for your policy; regardless of the requirement that such claim be fully reimbursed by you to us under the deductible provisions of this policy.

## Schedule

**Medical and Indemnity  
Deductible Amount  
Each Claim**

**Premium Reduction Percentage**

**Note:**

A deductible of \$500, \$1,000, \$2,000 or \$2,500 must be offered to every employer.