



**WORKERS' COMPENSATION HEALTH CARE NETWORK
OPT-IN FORM**

The University of Texas System has partnered with Injury Management Organization, Inc. (IMO) Med-Select Network® to assist injured employees with obtaining prompt, appropriate medical treatment. The IMO Med-Select Network® includes a wide range of physicians and medical specialists, who are all committed to providing employees with the best medical care should a work-related illness or injury occur. These services are provided to employees whose zip codes are within the Network service areas.

After a review, it has been determined that you do not live in the Network service area, therefore you are not required to receive health care from the Network. However, if you would like to take advantage of the benefits of being in the Network you may choose to participate by signing this form below and returning it to P.O. Box 802082, Dallas, TX 75380, or you may submit it to your institution's workers' compensation representative. ***Once you voluntarily agree to participate in the Network, you must remain in the Network for any future compensable injuries.***

- If you desire to participate in the Network, please sign below and return this form immediately.
- If we do not receive this back from you, it will be assumed that you have chosen not to participate in the Network.

If you have questions regarding this letter and the Certified Network, please call (888) 466-6381 or visit our website at <https://www.utsystem.edu/offices/risk-management/workers-compensation-insurance>.

Name of Carrier: The University of Texas System

Employee ID #: _____ **Name of Network:** IMO Med-Select Network®

Hire Date: _____ **Department:** _____

Home Address: _____

Street Address – No P.O. Box or Work Address

City	State	Zip Code	County
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Employee Signature

Date

Printed Name

Employee Phone Number