



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA**

Financial Affairs Division – Trust Deposit Unit
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-2712
Fax: (602) 364-3989
www.azinsurance.gov

Application for Workers' Compensation Deposit Reduction - Instructions

You may file an Application for Release of Excess Deposit if you have filed Forms E478 and EWCA and the amount on Line F of Form E478 is less than your current Arizona workers' compensation deposit.

Send us the items below that apply to your Arizona workers' compensation deposit:

1. **CERTIFICATES OF DEPOSIT** – If you have one or more Certificate(s) of Deposit at the Arizona State Treasurer's Office:
 - a. Application and Order for Release of Excess Deposit Form E126XS.
 - b. A Form E126CD for each Certificate of Deposit to be released or exchanged.
2. **SECURITIES DEPOSIT ACCOUNT** – If you have marketable securities held at the Arizona State Treasurer's custodial bank:
 - a. Application and Order for Release of Excess Deposit Form E126XS.
 - b. A list of all securities in your account including their face values, market values **and** a calculation of the current Account Value*.

***Custody Agreement Section 1.2 definition of Account Value:** At any given time, the sum of the lesser of the market value, par value or amortized value of each Eligible Security held in the Account.

You must include the name of the person we should contact about your application, their company name, address and phone number. You must provide additional information or documentation if we request it. We will not consider your application if it is not complete.

After we review your application, we will either send you a copy of the signed Form E126XS or notify you of our reason(s) for not approving the application.

Do not attempt to reduce your deposit until you have received a copy of the signed Form E126XS from us. We will provide additional instructions and forms at that time.

If your deposit is at the Arizona State Treasurer's custodial bank, we will fax a "MAB Change Notice" to the custodial bank and to the Contact Person of record for that account to confirm the new Minimum Account Balance ("MAB") amount. You must send Form(s) E126 directly to the custodial bank **after** you receive our MAB Change Notice.

Please call (602) 364-2712 for assistance

Forms are available on our web site at:
http://www.azinsurance.gov/corp_misc.html