

NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to Rule 4 of NCCI's **Basic Manual for Workers Compensation and Employers Liability Insurance**, NCCI's **Basic Manual User's Guide** (National pages), and NCCI's **Assigned Risk Supplement**, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

CONNECTICUT				
Estimated Annual Premium	Premium Installment Basis	Minimum Deposit %	Additional Payments During Year	Number of Refusers: Two—one must be from the current carrier, if applicable.
Under \$5,000	Annual	100%	None	Effective Date: The later of the following options: <ul style="list-style-type: none"> 12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application The date of expiration of existing coverage A date the applicant requests If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$5,000	Semiannual	75%	One	
At least \$10,000	Quarterly	50%	Three	
At least \$50,000	Monthly	25%	Nine	
<p>Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of the estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.</p> <p>The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the governing state's premium installment basis selected by the employer. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.</p> <p>Minimum Premium Policies</p> <p>The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.</p> <p>Short-Term Policies</p> <p>The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.</p> <p>For any dispute concerning the change of an employer's payment basis, refer to Basic Manual Rule 4-A-10.</p>				
<p>Application Submission Options:</p> <ul style="list-style-type: none"> Online—Applications may be submitted via NCCI's website at ncci.com. To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at customer_service@ncci.com. Telephone—Application may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123. Mail—Applications may be submitted via the US Postal Service or private overnight delivery to the address provided below. <p>Note: Under Connecticut law, an out-of-state agent/producer is required to have a Connecticut resident or nonresident license to submit an application to NCCI for primary coverage.</p>				
<p>Voluntary Coverage Assistance Program (VCAP® Service):</p> <p>NCCI's VCAP® Service applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System (RMAPS® Online Application Service). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through VCAP® Service to determine if they match the preselected criteria specified by a participating voluntary coverage provider.</p> <p>Refer to NCCI's Basic Manual Rule 4-D—Voluntary Coverage Assistance Program (VCAP® Service) for the applicable rules.</p>				
<p>Loss Sensitive Rating Plan:</p> <p>The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with an LSRP standard premium that equals or exceeds \$250,000 (effective 1/1/12).</p> <p>In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit is calculated by multiplying the LSRP standard premium by 20%. Subject to certain conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC).</p> <p>Refer to NCCI's Basic Manual Rule 4-C Loss Sensitive Rating Plan (LSRP) for the applicable rules.</p>				
<p>Guide to Premium Calculation (for detailed information, refer to Connecticut State Special Rules in the NCCI Basic Manual):</p> <ul style="list-style-type: none"> Experience modification, if applicable Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to debit-modified premium with a maximum surcharge of 1.25 Premium discount, if applicable Deductible Insurance, if applicable CCPAP, if applicable 				
<p>Election/Rejection Under State Law:</p> <p>Sole proprietors are not automatically covered under the Connecticut Worker's Compensation Act (Act), but may elect coverage by filing the proper</p>				

election form with the Connecticut Workers' Compensation Commission. Attach to the application a copy of the completed election form. Payroll must be included for any sole proprietor electing coverage.

Executive/corporate officers, partners, members of an LLC, and managers who are members of an LLC are automatically covered under the Act, but may elect to be excluded from coverage by filing the proper election form with the Connecticut Workers' Compensation Commission. Attach to the application a copy of the completed election form. Payroll must be excluded for any executive/corporate officers, partners, members of an LLC, or managers who are members of an LLC rejecting coverage.

Failure to file the appropriate forms/notices for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

Note: Members of limited liability companies are treated as executive officers for premium determination purposes in Connecticut in accordance with the Connecticut state exception in NCCI's *Basic Manual* Rule 2-E-2-b.

Volunteers

Volunteer firefighters and volunteer ambulance service members are automatically covered under the Act.

Volunteer police officers are not automatically covered under the Act, but the legislative body of the town, city, or borough in which the officer serves may vote to elect coverage for volunteer police officers.

Refer to the Connecticut Workers Compensation Commission at www.wcc.state.ct.us for the most current rules, regulations, and forms.

Note: This information applies only to Connecticut law. If additional states are to be covered, additional action may be necessary under applicable state law.

Employee Leasing:

Q: #6: Do you lease workers from a labor contractor?

If yes, complete side B of the appropriate Supplemental Employee Leasing Application.

Q: #7: Do you lease workers to client companies?

If yes, complete side A of the appropriate Supplemental Employee Leasing Application.

Q: #8: Are you seeking to cover the leased workers?

If yes, provide all payrolls for leased workers.

If no, provide proof of coverage for leased workers.

Forms may be obtained from NCCI.

**Submit Application via
Regular Mail to:**

NCCI
Attn: Treasury Department
PO Box 3045
Boca Raton, FL 33431

Send Correspondence to:

NCCI Customer Service Center
901 Peninsula Corporate Circle
Boca Raton, FL 33487-1362
Phone: 800-622-4123
Fax: 561-893-1191

**Submit Application via
Overnight Delivery to:**

NCCI
Attn: Treasury Department
901 Peninsula Corporate Circle
Boca Raton, FL 33487-1362