



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:

- NCCI's **Residual Market Manual for Workers Compensation and Employers Liability Insurance** for Iowa (**Residual Market Manual** for Iowa)
- NCCI's **Basic Manual for Workers Compensation and Employers Liability Insurance** (**Basic Manual** for Iowa)
- NCCI's **Basic Manual User's Guide**, and
- NCCI's **Assigned Risk Supplement**.

You may also contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

IOWA (as of 7/1/2022)				
Estimated Annual Premium	Premium Installment Basis	Minimum Deposit %	Additional Payments During Year	Number of Refusers: Two—one must be the current carrier, if applicable.
Under \$2,500	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 the Plan Administrator of a complete and eligible application • The date of expiration of existing coverage • A date that 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 \$2,500	Semiannual	75%	One	
At least \$5,000	Quarterly	50%	Three	
At least \$25,000	Monthly	25%	Eight	
<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 that the employer selected. 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 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 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 NCCI's Residual Market Manual for Iowa rule, Dispute resolution procedure.</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 (800-622-4123) or at customer_service@ncci.com. • Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123). • Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below. <p>Note: Under Iowa law, an out-of-state agent/producer is required to have an Iowa nonresident license to submit an application to NCCI for primary coverage.</p>				
<p>Guide to Premium Calculation</p> <ul style="list-style-type: none"> • Experience rating modification, if applicable • Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to modified premium with a maximum surcharge of 1.25, but not applicable to a credit experience modification 				
<p>Election/Rejection Under State Law:</p> <p>Sole proprietor, partners, limited liability partners, and members of limited liability companies actively engaged in the business on a substantially full-time basis are not automatically covered, but may elect coverage by purchasing insurance specifically including the individual(s) electing coverage. Sole proprietors, partners, limited liability partners, or members of limited liability companies not electing coverage must attach a signed and written nonelection of coverage to the policy. The nonelection of coverage must be substantially in the form provided by I.C.A. § 87.22. Attach to the application a copy of the signed and written nonelection of coverage. Payroll must be included for any sole proprietor, partners, limited liability partners, or members of limited liability companies electing coverage.</p> <p>Note: Members of limited liability companies are treated as executive officers for premium determination purposes.</p> <p>Corporate officers (excluding family farm corporations) are automatically covered. The president, vice president, secretary, and treasurer—but not to exceed four officers per corporation—may exclude themselves from coverage by signing and attaching to the policy a written rejection form from the Iowa Division of Workers Compensation. Attach to the application a copy of the written rejection form. Payroll must be excluded for any corporate officers rejecting coverage.</p>				



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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.

Volunteers

Volunteer firefighters and reserve peace officers are automatically covered under the Act. Volunteer ambulance drivers and emergency medical care providers performing volunteer services are not automatically covered under the Act, but the employer may elect coverage.

Refer to the Division of Workers' Compensation at www.iowaworkcomp.gov for the most current rules, regulations, and forms.

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

Employee Leasing:

IMPORTANT: Before completing Professional Employer Organization (PEO) Arrangement applications, refer to NCCI's *Residual Market Manual* for Iowa rule, Professional Employer Organization (PEO) arrangements for more information. Obtain forms from NCCI.

- All of the PEO's leased workers to clients under the state's WCIP must be secured under an MCP basis
- The client's policy covering its leased workers will be issued in the name and FEIN of the client in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business
 - Direct workers of a client will not be included on the client's policy for its leased workers
- The PEO's policy covering its direct workers will be issued in the name and FEIN of the PEO in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business under the WCIP
 - If the PEO has no direct workers in the state where its clients' coverage is being obtained, the PEO's policy will be issued with premium based on the use of Code 8810—Clerical Office Employees NOC on an "if any" basis

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