



## 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 Indiana (*Residual Market Manual* for Indiana)
- NCCI's **Basic Manual for Workers Compensation and Employers Liability Insurance** for Indiana (*Basic Manual* for Indiana)
- 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).

<b>INDIANA (as of 7/18/2023)</b>				
Estimated Annual Premium	Premium Installment Basis	Minimum Deposit %	Additional Payments During Year	
Under \$2,500	Annual	100%	None	<p><b>Number of Refusers:</b> Three—one must be the current carrier, if applicable.</p> <p><b>Effective Date:</b> The later of the following options:</p> <ul style="list-style-type: none"> <li>• 12:01 a.m. on the date following receipt by the Plan Administrator of a complete and eligible application</li> <li>• The date of expiration of existing coverage</li> <li>• A date that the applicant requests</li> </ul> <p>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.</p>
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>Upon issuance of a second nonpayment cancellation notice during the policy period, the payment plan privileges are forfeited for the balance of that policy period. The entire outstanding balance of the premium owed must be paid prior to the cancellation date to continue coverage.</p> <p><b>Minimum Premium Policies:</b> 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><b>Short-Term Policies:</b> 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 <b>Residual Market Manual</b> for Indiana, Indiana Workers Compensation Insurance Plan of Operation for the Indiana Assigned Risk Reinsurance Pool, Article VIII.</p>				
<p><b>Application Submission Options:</b></p> <ul style="list-style-type: none"> <li>• Online—Applications may be submitted via NCCI's website at <a href="http://ncci.com">ncci.com</a>. To enroll for access to this free service, contact the Indiana Compensation Rating Bureau (ICRB) at 317-842-2800.</li> <li>• Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below.</li> </ul> <p><b>Note:</b> Under Indiana law, an out-of-state agent/producer is required to have an Indiana nonresident license to submit an application to NCCI for primary coverage.</p>				
<p><b>Loss Sensitive Rating Plan:</b></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 LSRP standard premium that equals or exceeds \$250,000.</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 <b>Residual Market Manual</b> for Indiana rule, Loss Sensitive Rating Plan (LSRP) for more information.</p>				
<p><b>Guide to Premium Calculation:</b></p> <ul style="list-style-type: none"> <li>• Experience rating modification, if applicable</li> <li>• Indiana Coinsurance/deductible insurance, if applicable</li> <li>• Assigned risk surcharge of 25% applies to the premium in excess of \$2,500 of the standard premium</li> </ul>				



# NCCI WCIP STATE INSTRUCTIONS

## Election/Rejection Under State Law:

**Sole proprietors, partners, and members/managers of limited liability companies** who are actually and actively engaged in the business are not automatically covered under the Indiana Workers Compensation Act, but may elect coverage by completing State Form 36097 (“Election Form”). Attach a copy to the application and send the original to the WC Board of Indiana. Payroll must be included for any sole proprietor, partners, and members/managers of limited liability companies electing coverage.

**Executive officers:** An officer of a corporation, or an officer of a corporation who is also an owner of any interest in the corporation, is automatically covered under the Act, but may elect to be excluded by completing State Form 36097 (“Election Form”). Attach a copy to the application and send the original to the WC Board of Indiana.

**Executive officers of charitable, religious, educational, or other nonprofit corporations** are not automatically covered under the Act, but may elect coverage by completing State Form 36097 (“Election Form”). An executive officer may be brought within the coverage of the insurance contract by specifically including the executive officer in the contract of insurance. Attach a copy of the Election Form to the application and send the original to the WC Board of Indiana. Payroll must be included for any executive officers of charitable, religious, educational, or other nonprofit corporations electing 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.

## Volunteers

“**Volunteer workers for a state institution**” and “**rostered volunteers,**” as defined in the Indiana Workers Compensation Act, are automatically covered to the extent set forth in the Act.

**Unpaid participants under the federal School to Work Opportunities Act** are automatically covered under the Act to the extent set forth in IC 22-3-2-2.5.

**Volunteer firefighters, volunteer members of the emergency medical services personnel, or volunteer emergency medical technicians working for a volunteer fire department or ambulance company** are covered; and **volunteers working for a hazardous materials response team** may be covered, to the extent set forth in the Indiana Workers Compensation Act.

Refer to the Workers Compensation Board of Indiana at [www.in.gov/wcb/](http://www.in.gov/wcb/) for the most current rules, regulations, and forms.

**Note:** This information applies only to Indiana 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 Indiana rule, Professional Employer Organization (PEO) arrangements for more information. Obtain forms from the ICRB.

**PEO registration/license requirement:** The state of Indiana requires the PEO to be registered with the state. PEO applicants will be asked to provide proof of PEO registration.

- 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:

Indiana Compensation Rating Bureau  
5920 Castleway West Drive  
Indianapolis, IN 46250-1957  
Phone: 317-842-2800  
Fax: 317-842-3717

## Submit Application via Overnight Delivery to:

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