

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).

KANSAS				
Estimated Annual Premium	Premium Installment	Minimum Deposit %	Additional Payments During Year	Number of Refusers: Three—one must be the current carrier, if applicable. The application must show in the "remarks" section the name of each such insurer and the representative contacted.
Under \$1,001	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 or meter mark on the envelope or the expiration of existing coverage.
At least \$1,001	Quarterly	40%	Three	
At Least \$10,000	Monthly	25%	Eight	
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 premium and premium installment table.				
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.				
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.				
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.				
For any dispute concerning the change of an employer's payment basis, refer to <i>Basic Manual</i> Rule 4-A-10.				
Application Submission Options: Applications for an employer requesting coverage must be submitted by a properly licensed producer. <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—Applications 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 service to the address provided below. Note: Under Kansas law, an out-of-state agent/producer is required to have a Kansas resident or nonresident license to submit an application to NCCI for primary coverage. Additionally, when an agency submits an application, the agency's employee who submits the application must have a Kansas producer license, the agency must have a Kansas producer license, and each officer, director, partner, and employee of the agency who acts as a producer must have a Kansas producer license.				
Voluntary Coverage Assistance Program (VCAP® Service): 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.				
Refer to NCCI's <i>Basic Manual</i> Rule 4-D—Voluntary Coverage Assistance Program (VCAP® Service) for the applicable rules.				
Loss Sensitive Rating Plan: 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).				
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).				
Refer to NCCI's <i>Basic Manual</i> Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.				
Guide to Premium Calculation (for detailed information, refer to Kansas State Special Rules in NCCI's <i>Basic Manual</i>): <ul style="list-style-type: none"> Experience modification, if applicable Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to modified premium with a maximum surcharge of 1.49 Deductible insurance, if applicable <ul style="list-style-type: none"> Assigned Risk Small Employer Loss-Free Policy Premium Credit, if applicable KARRP, if applicable 				

Election/Rejection Under State Law:

Sole proprietors, partners, and members of limited liability companies are not automatically covered, but may elect coverage within the provisions of the Act by filing the applicable form with the Division of Workers Compensation (DWC) of the Kansas Department of Labor. The form may be obtained from the DWC. Attach a copy of the form to the application. Payroll must be included for any sole proprietor, partners, or members of limited liability companies electing coverage.

Note: Members of limited liability companies are treated as sole proprietors/partners for premium determination purposes in Kansas.

Corporate stockholders: An employee of a corporation who owns 10% or more of the corporate stock is automatically covered, but may elect not to accept coverage under the Act by filing the applicable form with the Division of Workers Compensation (DWC) of the Kansas Department of Labor. The form may be obtained from the DWC. Attach a copy of the form to the application. Officers of nonprofit organizations are automatically excluded. Payroll must be excluded for any corporate stockholders rejecting coverage.

Failure to file any applicable form/notice 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

The following volunteers are automatically covered under the Act:

- Firefighters
- Law enforcement officers
- First responders
- Emergency medical technician
- Emergency medical technician—intermediate
- Emergency medical technician—defibrillator
- Mobile intensive care technician
- Ambulance drivers (land and air)
- Members of Kansas Department of Civil Air Patrol

The following volunteers are not automatically covered under the Act:

- Volunteers in any employment—Applicable form is filed by an employer with the Division of Workers Compensation (DWC) of the Kansas Department of Labor to elect to provide coverage for all or part of his or her volunteer workers. The form may be obtained from the DWC. Attach a copy of the form to the application.
- Persons performing community service—Applicable form is filed by an employer with the DWC to elect to provide coverage for persons who are performing public or community service as a requirement to receive public assistance or as a result of a contract or diversion, assignment to a community corrections program, or suspension of sentence or as a condition of probation or in lieu of a fine. The form may be obtained from the DWC. Attach a copy of the Form to the application.
- Noncompensated volunteer officer, director or trustee of a nonprofit corporation—Applicable form is filed by volunteer directors, officers, or trustees of a nonprofit organization with the DWC to elect coverage under the Act. The form may be obtained from the DWC. Attach a copy of the form to the application.

The employer must include payroll for the covered volunteer workers in the premium calculation.

Refer to the Department of Labor at www.dol.ks.gov for the most current rules, regulations, and forms.

Note: This information applies only to Kansas. 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 *Basic Manual Rule 4-B—Professional Employer Organization (PEO) Arrangements for the applicable rules. 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 Regular Mail or Overnight Delivery to:

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