

NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instructions 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).

NEW HAMPSHIRE					
Estimated Annual Premium	Premium Installment Basis	Minimum Deposit %	Additional Payments During Year	Service Fee	Number of Refusers: Two—one must be the current carrier, if applicable.
Under \$1,000	Annual	100%	None	N/A	<p>Effective Date: The later of the following options:</p> <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 <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 \$1,000	Deposit + 2	50%	Two equal installments due at the beginning of months four and seven		
Above \$5,000	Deposit + 8	30%	Eight equal installments due at the beginning of months two through 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>Following issuance of two nonpayment cancellation notices within the policy period, the assigned carrier must reinstate the policy coverage effective the day following the date of receipt of all premium due. Thereafter, the payment plan privileges are forfeited for the balance of the policy year.</p> <p>Payment of the entire outstanding balance of the estimated policy premium is required.</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 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—Applications can be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123. Mail Applications can be submitted via the US Postal Service or private overnight delivery service to the address provided below. <p>Note: Under New Hampshire law, an out-of-state agent/producer is required to have a New Hampshire 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 a 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 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 New Hampshire State Special Rules in NCCI's Basic Manual):</p> <ul style="list-style-type: none"> Experience modification, if applicable Premium discount, if applicable, applies to policies with an experience modification of less than 1.50 Deductible insurance, if applicable 					

Election/Rejection Under State Law:

Sole proprietors and partners are not automatically covered under the Workers Compensation Act (Act), but they may elect coverage by attaching a written notice of election to the application. Payroll must be included for any sole proprietor or partners electing coverage.

Corporations/limited liability companies: Officers/members are automatically covered, but may elect to exclude up to three officers/members from the Act by filing a written notice with the Commissioner of the New Hampshire Department of Labor. Attach to the application a copy of the notice to be excluded from coverage. Payroll must be excluded for any corporate officers or members of limited liability companies rejecting coverage.

Note: Members of limited liability companies are treated as executive officers for premium determination in New Hampshire.

Failure to file the appropriate notices/forms 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
- Police
- Ambulance or rescue service member
- State police
- Member or trainee of the Emergency Management Corps
- Forest firefighters
- Individuals assisting in a search for, an attempt to rescue, or the rescue of another
- Individuals in a New Hampshire citizen corps local council program

Refer to the Department of Labor at www.nh.gov/labor/workers-comp/index.htm for the most current rules, regulations, and forms.

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

Employee Leasing:

Pursuant to New Hampshire SB 740-FN, employee leasing companies shall be licensed by the New Hampshire Department of Labor prior to submission of an application for insurance under the Plan.

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