

## 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).

### SOUTH DAKOTA

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 \$1,000	Annual	100%	None	<b>Effective Date:</b> The later of the following options: <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> 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 \$1,000	Semiannual	50%	Two due in months four and seven	
Above \$5,000	Monthly	30%	Eight due in months two through nine	

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.

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.

Upon issuance of a second nonpayment cancellation notice during the policy period, the payment plan privileges are forfeited for the balance of that policy year. Immediate payment of the entire outstanding balance of the premium owed is required to continue coverage.

#### 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 **Basic Manual** Rule 4-A-10.

#### Application Submission Options:

- Online—Application may be submitted via NCCI's website at [ncci.com](http://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](mailto:customer_service@ncci.com).
- Telephone—Applications may be submitted by telephone 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 South Dakota law, an out-of-state agent/producer is required to have a South Dakota resident or nonresident license to submit an application to NCCI for primary coverage. A servicing carrier may only write a policy through a licensed producer. An employer may not submit an application to NCCI for primary coverage.

#### 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 **Basic Manual** 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 LSRP standard premium that equals or exceeds \$250,000.

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 premium 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 **Basic Manual** Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.

#### Guide to Premium Calculation (for detailed information, refer to South Dakota State Special Rules in NCCI's **Basic Manual**):

- Experience modification, if applicable
- Merit rating, if applicable
- Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to total modified premium with a maximum surcharge of 1.25
- Deductible insurance, if applicable

#### Election/Rejection Under State Law:

**Sole proprietors and partners** who perform labor incidental to their occupation are not automatically covered under the Act, but may elect coverage by attaching to the application a written notice stating the intent to elect. Payroll must be included for any individual electing coverage.

**Corporate officers** (other than a nonprofit corporation) and **members of limited liability companies** are automatically covered, but may elect to reject coverage by giving written notice to the corporation or the limited liability company. Attach to the application a copy of the notice rejecting coverage. Payroll must be excluded for any corporate officers or members of limited liability companies rejecting coverage. Corporate officers of a religious, charitable, educational, or other nonprofit corporation are not automatically covered, but may elect coverage by attaching to the application a written notice stating the intent to elect.

**Note:** Members of limited liability companies are treated as corporate officers for premium determination purposes in South Dakota.

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**

The following volunteers are automatically covered under the Act:

- Volunteer worker rendering services in or for any agency, department, institution, or instrumentality of the state or of any of its political subdivisions
- Volunteer firefighter who is a member of any county, municipal, special purpose district, township, or private nonprofit corporation operating as a fire department that has on file a cooperative fire suppression agreement with the South Dakota Department of Agriculture
- All volunteers for a fire department for any county, municipality, special purpose district, or township
- All volunteers for an ambulance service for any county, municipality, special purpose district, or township
- All volunteers for a rescue squad for any county, municipality, special purpose district, or township

Refer to the Department of Labor at <https://dlr.sd.gov> for the most current rules, regulations, and forms.

**Note:** This information applies only to South Dakota. 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**

NCCI

#### **Send Correspondence to:**

NCCI Customer Service Center

#### **Regular Mail to:**

Attn: Treasury Department

PO Box 3045

Boca Raton, FL 33431

901 Peninsula Corporate Circle

Boca Raton, FL 33487-1362

Phone: 800-622-4123

Fax: 561-893-1191

#### **Submit Application via**

NCCI

#### **Overnight Delivery to:**

Attn: Treasury Department

901 Peninsula Corporate Circle

Boca Raton, FL 33487-1362