To: All Workers’ Compensation Insurers Licensed in Minnesota

Re: 2007 – 2008 Workers’ Compensation Filing Procedures

Summary
This bulletin contains the updated filing procedures and forms that should be utilized to expedite the review of workers’ compensation filings made in Minnesota in 2007 - 2008. The purpose of this bulletin is to assist workers’ compensation insurers in meeting the filing requirements set forth in Minnesota Statutes and Minnesota Rules, and to provide insurers with additional information that will assist the Department of Commerce (Commerce) in expediting the review process. In addition to all previously superseded bulletins, this bulletin supersedes Bulletins 2005-11, and 2006-4, unless otherwise referenced herein. Any enforcement action or filing disapprovals will be based on a case-by-case analysis in accordance with applicable Minnesota statutes and administrative rules.

GLENN WILSON  
Commissioner of Commerce

1. **Limited Power of Attorney – (LPOA)**
Minnesota Statute §79.56, Subd. 1, requires an insurer to file with the commissioner “a complete copy of its rates and rating plan, and all changes and amendments thereto.” Commerce will continue to permit an insurer to elect to use MWCIA filings by submitting a one-time Limited Power of Attorney (LPOA). A copy of the LPOA is attached for your reference. The LPOA remains in force until the insurer notifies Commerce that it intends to revoke the authorization.

If your company has only recently been licensed, has been inactive, or you have other questions regarding whether the LPOA has been filed on its behalf, please contact us.

2. **Filing Fees**
Items for which separate filing fees are required:
   a. schedule of rates;  
   b. rate deviations;  
   c. dividend plans;  
   d. policy forms;  
   e. endorsements; and  
   f. retrospective rating plans.
The fee for a paper filing is $90, and for an electronic filing is $75. (Minn. Stat. §60A.14 and Bulletin 2005-2)

Insurers submitting filings electronically may utilize the MWCIA Filing Fee Advancement Program. This program allows companies submitting their filings either on the RFA or SERFF to elect to have the MWCIA advance their filing fees to Commerce. The filing will be processed immediately and the insurer will be billed by the MWCIA on a quarterly basis. Specific information on how to designate this option for each type of electronic filing is contained in the RFA tool and the SERFF General Instructions. Paper filings are not eligible for this option.

Many insurers choose to combine several items within one filing. However, when preparing a filing bear in mind that the more items that are combined in a filing, the greater the risk that problems may be found that delay approval or result in disapproval of the filing. Also, there are different statutory review timelines for rates and forms, so when both are contained in one filing the more stringent review timeline must be applied. Therefore, if some items are time sensitive, they should be filed separately from other less critical items. For example, while it makes sense to combine a schedule of rates filing with a rate deviation filing, adding forms to the filing may delay approval or result in disapproval of the filing.

3. **Electronic Filings**

   Effective January 1, 2008, all insurance rate, rule, and form filings must be submitted to Commerce via SERFF. Any filings submitted on paper will be rejected and returned to the company without review. (Bulletin 2007-3)

   Instructions referencing paper or MWCIA RFA filings should be disregarded after December 31, 2007.

   When making a SERFF filing, please review Minnesota Workers’ Compensation Instance General Instructions, Requirements, and Submission Requirements before preparing your filing to make sure you are using the most current version. These items can all be found in the SERFF Workspace. Insurers may use the RFA tool to develop their rate pages and attach them to a SERFF filing. Instructions as to how to utilize this option can be found on the MWCIA web site.

4. **Transmittal Forms and Filing Fees**

   Commerce requires that insurers use the National Association of Insurance Commissioners (NAIC) Property and Casualty Transmittal Document when submitting paper workers’ compensation filings. This form can be found on the NAIC web site at [www.naic.org/documents/industry_rates_PCtransDoc_intelligent.pdf](http://www.naic.org/documents/industry_rates_PCtransDoc_intelligent.pdf) Also, use the Form Filing Schedule and/or Rate/Rule Filing Schedule, whichever is applicable.

   **Do not attach the NAIC P&C Transmittal Document to SERFF filings as this information is now built into the Filing at a Glance.**
When completing the transmittal document or Filing at a Glance, please make sure that the Type of Insurance (TOI) and Sub-Type of Insurance (Sub-TOI) sections are completed accurately. The following is a listing of the Sub-TOIs that apply to workers’ compensation, and how Commerce feels that the most common types of filings should be categorized. Obviously, there are certain types of filings that have been omitted from this listing, so if you have any questions, please contact us.

- **16.0001 – Alternative Workers’ Compensation** – This sub-type includes rate, rule and form filings for large deductible programs, large risk filings (i.e. those submitted under Minn. Stat. §79.56, subd. 1(b), and Self-Insured Replacement Policies.

- **16.0002 – Employers Liability** – Stand alone employers liability policies that are intended to be marketed to insureds who self-insure for workers’ compensation should be submitted as workers’ compensation filings under this Sub-TOI. In order to provide this type of coverage a carrier must be licensed under Minn. Stat. §60A.06, subd. 1(13).

- **16.0003 - Excess Workers’ Compensation** - Only rates, rules and forms for excess workers’ compensation policies should be submitted under this Sub-TOI.

- **16.0004 – Standard Workers’ Compensation** – The following items should be filed under this Sub-TOI: adoption of annual MWClA Ratemaking Report (rate schedules, Miscellaneous Values, Retrospective Rating pages), schedule rating plans, drug free workplace policy endorsements and credits, managed care policy endorsements and credits, collective bargaining policy endorsements and credits, safety group policy endorsements and credits, dividend plan endorsements and rating factors, small deductible plans, Information Pages, Participating Plan endorsements.

5. **Filing Timeline**

Minnesota Statute §79.56, Subd. 1 requires each insurer to file with Commerce a complete copy of its rates and rating plan, as well as all supporting documentation requested by the department, **at least 60 days prior to its effective date.**

Due to the fact that Minnesota is a prior approval state for workers’ compensation rates and rating plans, if you need to revise the effective date of your filing after it has been approved you must notify Commerce prior to the effective date of the original filing. We recommend you contact us by fax, e-mail or telephone to ensure the fastest action on your file. Commerce staff can advise you how to revise your filing so that statutory violations can be avoided.
In addition, when preparing your filing you should also bear in mind that Minn. Stat. §60A.351 requires insurers renewing a workers’ compensation policy at less favorable terms to provide the insured with notice of the changes at least 30 days prior to the expiration of the policy. This notice requirement was revised effective August 1, 2007. Coverage under the federal Terrorism Risk Insurance Act (TRIA) is excluded from this notice requirement. For further information regarding this statute, please refer to Commerce Bulletins 2002-2 and 2005-3.

6. **Special Compensation Fund Assessment**

   Minnesota Statute §176.129, Subd. 2a.(c) requires that the Special Compensation Fund assessment be collected as a policy surcharge and not as a part of the rate. Therefore, it should no longer be included in the Development of the Pure Premium Multiplier exhibit. Do not include your company SCF surcharge rate in your rate filings with Commerce.

   Additional information on the Special Compensation Fund assessment can be found in Appendix 8 of the 2008 Minnesota Ratemaking Report. Questions regarding these materials should be directed to Craig Anderson, MWCLA Vice President of Actuarial Services, at craig.anderson@mwcia.org or (952) 897-6431.

7. **Basic Schedule of Rates filings should contain the following items:**
   a. The Workers’ Compensation Rate Filing Form (DOC-WC-1 (ed. 8/1/06)).

   **Please note:** Commerce recommends that insurers base their 2008 rate filings on the January 1, 2008 Minnesota Ratemaking Report.

   b. A company filing a rate change should provide data and analysis to establish that the proposed rates are adequate and not excessive. (Minn. Stat. §79.55).

   c. Commerce recommends that five years of loss and expense experience be submitted. If the company has not been writing workers’ compensation coverage in Minnesota for five years, as much Minnesota experience as is available should be submitted. If five years of countrywide experience is available, that should also be submitted (Minn. R. Part 2705.2500, Subp. 1).

   d. An exhibit describing how the company’s pure premium base rate multiplier was developed. (Minn. R. Part 2705.1800(E)) Commerce does not require the format of the company’s exhibit to be identical to the sample format, but the company’s exhibit should not neglect any of the items included in the sample. For example, if the company chooses not to use trend or development factors, it should not simply leave out any mention of such factors; it should explain and support its choice. Please be aware that the Minnesota Adoption of Rate Service Organization Prospective Loss Costs Reference Filing Adoption Form, which is used for other property/casualty lines, is not suitable for use with workers’ compensation rate filings.
Also, the pure premium base rate multiplier calculation **should not** include a .25 percent assessment for the Assigned Risk Plan Review Board, as this assessment only applies to Assigned Risk Plan policies.

e. If the company is deviating any classification codes the Class Code Deviation Filing Form (DOC-WC-2 (7/98)) and the Average Effective Multiplier Calculation (DOC-WC-7 Rev. 7/02)) must be submitted. A copy of each of these forms is attached. There is no limit on the number of classification codes that may be deviated. Each deviation must be supported, and this supporting documentation must be submitted as a part of your filing (Minn. R. Part 2705.1800(E)).

f. Final manual rate pages must be submitted (Minn. Stat. §79.56, Subd. 1). When calculating your rates for classification codes for which Minnesota Contractors Premium Adjustment Program (MCPAP) pure premium base rates appear, those are the base rates that must be used. Use of the DSR pure premium base rates will result in artificially low rates.

g. **Do not submit the State of Minnesota Filing Certification form with workers’ compensation filings.** Bulletin 2000-4, which contains this form, specifically states that it does not apply to workers’ compensation insurance.

h. **Do not submit a Rate Change Impact Table with the filing.** This requirement was abolished in 1999. Refer to department bulletin 99-3.

i. **For paper filings only**, Commerce requests that the company submit an extra copy of any materials it wants returned for acknowledgment of approval. A stamped self-addressed envelope bearing sufficient postage for the materials the company wants returned must also be submitted. If no envelope is enclosed, or the amount of postage is inadequate, a stamped copy of the most recent cover letter is the only documentation that will be returned. *(Reminder: This option only applies to filings made before January 1, 2008, at which time only filings made via SERFF will be accepted by Commerce.)*

j. **Do not send copies of rate filings to the MW CIA until approval has been received from Commerce.** This ensures that the MW CIA has a correct copy of your most recent rates on file. Copies of filings submitted via RFA or SERFF do not need to be submitted to the MW CIA, as they will have access to these filings electronically.

8. **Schedule Rating Plans**

   Minnesota Rules Part 2705.3000 precludes any schedule-rating plan from utilizing a maximum debit in excess of 25 percent.

9. **Additional Credits**

   Historically, Commerce has approved the types of additional credits discussed below. To expedite the review process, the referenced maximum credits can be approved
without actuarial support. Filings requesting higher maximum credits will be considered on the basis of the loss experience and other actuarial support provided.

a. **Drug-Free Workplace**
Insurers who file drug-free workplace programs that meet the requirements of Minn. Stat. §181.950 – 181.957 may offer a 5 percent credit. An insurer may file a larger credit if it can provide adequate actuarial support.

Commerce recommends, but does not require, that insurers attach an amendatory endorsement to the policy that contains a statement similar to the following:

“Employers insured under this coverage should be aware of the Drug and Alcohol Testing In The Workplace provisions contained in Minn. Stat. §181.950 – 181.957. An insured employer that violates this law may have exposure for damages, attorney fees, and injunctive relief that will not be covered by this policy.”

b. **Managed Care**
Commerce will approve a 5 percent credit for insurers who have contracted with a managed care organization that is certified under Minn. Stat. §176.1351. An insurer may file a larger credit if it can provide adequate actuarial support. If the insurer is offering a managed care program, but has not contracted with a certified managed care organization, a credit may be offered if the company can provide actuarial support for the amount of the credit being requested. The maximum that has been approved to date has been 3 percent.

Commerce recommends, but does not require, that insurers attach an amendatory endorsement clarifying the type of managed care coverage that is being offered. Two sample endorsements are included in the bulletin, one for use when a certified managed care organization has been contracted with and the other for use when an uncertified managed care organization is being utilized. Insurers who choose to utilize either of these endorsements must independently file them with Commerce.

c. **Collective Bargaining Dispute Resolution**
Commerce will allow a credit of 3 percent to be offered to an employer that is a party to a collective bargaining agreement that has been approved by the Minnesota Department of Labor and Industry (DLI) in accordance with Minn. Stat. §176.1812. An insurer may file a larger credit if it can provide adequate actuarial support.

Insurers who choose to offer such a credit must file a Minnesota Dispute Resolution Endorsement similar to the one included in this bulletin. DLI recommends the attached endorsement.

d. **Safety Programs**
Minnesota Statute §79.085 requires that all insurers writing workers’ compensation insurance in Minnesota shall provide safety and occupational health loss control consultation services to each of their policyholders requesting the services in writing.
Insurers may offer a credit of up to 3 percent to policyholders who request these services. An insurer may file a larger credit if it can provide adequate actuarial support.

e. **Return-To-Work Programs**
Commerce has approved credits of up to 2 percent for insurers that want to provide an incentive for insureds to comply with the statutory return-to-work requirements. An insurer may file a larger credit if it can provide adequate actuarial support.

10. **Deductibles**
a. Minnesota Statute §79.081, Subd. 1 requires each insurer writing workers’ compensation in Minnesota to make a deductible available to a policyholder upon request. An insurer is not required to offer a deductible to an employer if, as a result of a credit investigation, the insurer determines that the employer is not sufficiently financially stable to be responsible for the payment of deductible amounts. This exception is found in Minn. Stat. §79.081, Subd. 3.

b. Minnesota Statute §79.081, Subd. 2 requires that if an insured employer chooses a deductible, the insurer shall administer the claim as provided in the terms and conditions of the insurance policy and seek reimbursement from the insured employer for the deductible.

c. **Newly licensed Minnesota workers’ compensation insurers should be aware of the following requirement contained in Minn. Stat. §79.081, Subd. 2.** Each insurer shall notify its agents authorized to write workers’ compensation insurance about the availability and terms and conditions of deductibles required by this section, using a brochure in a format approved by the commissioner.

11. **Large Deductible Plans**
a. Any company offering a large deductible plan must include a statement in its rating manual certifying that no deductible limit will be offered or written that exceeds the company’s retention limit with the Workers’ Compensation Reinsurance Association (WCRA). Minnesota Statute §79.34 states as follows:

   “The reinsurance association shall provide and each member shall accept indemnification for 100 percent of the amount of ultimate loss sustained in each loss occurrence relating to one or more claims arising out of a single compensable event, including aggregate losses related to a single event or occurrence which constitutes a single loss occurrence, under chapter 176 on and after October 1, 1979, in excess of a low, a high, or a super retention limit, at the option of the member.”

b. Coverage applies on a per occurrence basis, except in the case of occupational disease where coverage applies on a per person per occurrence basis. This requirement is contained in Minn. Stat. §79.34, Subd. 2. If your company is using a per person limit for bodily injury other than that caused by occupational disease, claims will need to be carefully tracked to ensure that all persons injured as part of
the same occurrence are linked so that your company’s retention limit with the
WCRA is not invaded.

c. Minnesota Statute §79.081, Subd. 2 requires that if an insured employer chooses a
deductible, the insurer shall administer the claim as provided in the terms and
conditions of the insurance policy and seek reimbursement from the insured
employer for the deductible. If you currently are using a large deductible form that
contains language indicating that the employer will or may pay claims directly and
seek reimbursement from the insurer, you must revise your form to comply with the
statutory language at the earliest opportunity.

d. Please note that if you are using mutually agreed upon terms to rate your large
deductible program, the insured must meet the statutory threshold of $250,000 in
countrywide workers’ compensation premium set out in Minn. Stat. §79.56, Subd.
1(b) and the Large Risk Rating Filing certification form (DOC-WC-10, Rev. 7/05)
must be filed with Commerce on a per employer basis upon each renewal of the
employer’s policy. The filing fee for this type of large risk filing is $75 per employer if
the certification is submitted electronically or $90 per employer if the certification is
submitted on paper.

12. Dividend Plans
If more than one dividend plan is being filed, the various plans must be accompanied by
objective and logical assignment criteria. It must be demonstrated that the process does
not permit the possibility of different final premiums for identical policyholders (Minn.
Stat. §79.074, Subd. 2).

13. Form Filings
Insurers must use the forms filed on their behalf by the MWCIA, unless it is a rating
related endorsement for which the MWCIA has not made a suitable filing. The
applicable administrative rule is Minn. R. Part 2705.3200. This rule states as follows:

“Workers’ compensation insurance must be written using policy forms filed by the
data service organization of which the insurer is a member except that if the
insurer files a rating plan requiring a policy provision or endorsement for which
the data service organization has made no usable filing, then the insurer may file
its own policy forms needed to implement its rating plans.”

Some examples of the types of independent forms that may be filed are dividend plan
endorsements, large deductible program endorsements, managed care endorsements,
drug-free workplace endorsements, and collective bargaining dispute resolution
endorsements.

14. Minnesota Statute §79.56, Subd. 1(b)
This statute provides an exception to the normal filing requirements for an employer
who generates $250,000 in annual countrywide written workers’ compensation premium
under the rates and rating plan of an insurer before the application of any large
deductible rating plans. Such an employer may be written by an insurer using rates or
rating plans that are not subject to disapproval, but which have been filed with Commerce. The Large Risk Rating certification form (DOC-WC-10, Rev. 7/05) must be filed for each employer being rated under this statutory provision upon each renewal of the employer’s policy. This filing form applies to all types of rating plans that fall under this statute, including but not limited to large deductible programs, large risk alternative rating options (LRARO), and deviated loss cost multipliers and other rating factors. The filing fee for all filings made under this provision is $75 per employer for certifications submitted electronically or $90 per employer for certifications submitted on paper.

Refer back to section 3 of this bulletin for information regarding how to submit these filings via the Rate Filing Application (RFA) available on the MWCIA web site.

15. **Excess Workers’ Compensation Insurance**
Any company offering an excess workers’ compensation insurance policy must include a statement in its rating manual certifying that no excess retention will be offered or written that exceeds the low retention limit set by the Workers’ Compensation Reinsurance Association (WCRA). This requirement is found in Minn. Stat. §79.34, Subd. 2.

Questions regarding this bulletin should be referred to Tammy L. Lohmann, Chief Workers’ Compensation/Management Review Coordinator at (651) 296-2327 or at Tammy.Lohmann@state.mn.us
Minnesota

Workers’ Compensation Rate Filing Form

NAIC Company Number ___________________________ Company Name ___________________________

Proposed Effective Date: ___________________________

Overall Effect of Rate Change: ___________________________

This filing is based on the 200___ Minnesota Ratemaking Report

If the company uses the pure premium base rates with NO deviations by class, complete the following:

  the multiplier is: ___________________________
  the expense constant is: ___________________________
  the largest rate increase for any class is: ___________________________
  the smallest rate change for any class is: ___________________________

If the company has different multipliers for different classes, complete the following:

  the lowest multiplier is: ___________________________
  the highest multiplier is: ___________________________
  the average effective multiplier is: ___________________________
  the expense constant is: ___________________________
  the largest rate increase for any class is: ___________________________
  the smallest rate change for any class is: ___________________________

The company must attach
• The Class Deviation Filing Form
• The Average Effective Multiplier Calculation

If the company is using some other methodology, a complete explanation of the rates and methodology must be attached.
CLASS DEVIATION FILING FORM

Insurer Name _____________________________________________________________________________________

Effective Date _________________________________

<table>
<thead>
<tr>
<th>Code No.</th>
<th>Classification Title</th>
<th>Current Rate</th>
<th>Proposed Pure Premium Multiplier</th>
<th>New Rate</th>
<th>Percent Rate Change</th>
<th>Prior Year Written Premium</th>
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Class Deviations shall apply to all insureds classified in codes for which a deviated rate has been filed.

_____________________________________   _________________
Signature                  Date
The insurer has contracted with _____________________________________, a workers’ compensation managed care plan certified by the Minnesota Department of Labor and Industry under Minn. Stat. section 176.1351. Under this contract medical treatment for your employees’ work-related injuries will be delivered and managed according to the managed care plan as certified and applicable state law.

The certified managed care plan must provide medical case management by licensed health care professionals, to ensure appropriate medical care and promote a prompt return to work. The managed care plan must also provide a process for resolving medical disputes. This dispute resolution process must be exhausted before the medical dispute may be filed with the Minnesota Department of Labor and Industry.

Your employees are covered by certified managed care for work injuries that occur after they have been given specific information about their rights and responsibilities under the managed care plan. A covered employee may be required to receive treatment for a work injury from a health care provider who is part of the plan’s provider network. There are exceptions to this requirement, such as in an emergency and in some cases where the employee has a history of treatment with another health care provider. The managed care plan will help you notify your employees of coverage and will explain these and other exceptions to managed care coverage.
MINNESOTA WORKERS’ COMPENSATION
UNCERTIFIED MANAGED CARE ENDORSEMENT

The insurer has contracted with ________________________, a health care provider network, to provide health care services for employees with work-related injuries. [If applicable: these health care providers may be paid for their services at discounted or negotiated payment rates.]

This program is not a workers’ compensation managed care plan certified by the Minnesota Department of Labor and Industry under Minn. Stat. section 176.1351. Therefore, the employer or insurer may not require an employee to receive treatment for a work injury from any health care provider within this network.
SAMPLE DEVELOPMENT OF PURE PREMIUM MULTIPLIER

A. LOSS RELATED ITEMS

1. Loss cost modification factor
2. 8th-to-ultimate development factor
3. Trend factor
4. Loss adjustment expense (LAE)
5. Loss factor (A1xA2xA3xA4)

B. PREMIUM-RELATED EXPENSES AND PROFIT

6. Commission and brokerage
7. Other acquisition
8. General expenses
9. Taxes, licenses & fees
   a. Premium taxes
   b. Other
10. Total premium-related expenses
    (sum of B6 through B9)
11. Profit & contingencies
12. Credit for investment income
13. Total premium-related expense & profit
    (B10+B11+B12)
14. Expected loss and LAE ratio (1.0 - B13)

C. FORMULA LOSS COST MULTIPLIER (A5 / B14)

D. SELECTED LOSS COST MULTIPLIER
MINNESOTA WORKER'S COMPENSATION
AVERAGE EFFECTIVE MULTIPLIER CALCULATION

This form must be completed by any company that deviates its multiplier for one or more classes.

<table>
<thead>
<tr>
<th>(1) code number</th>
<th>(2) current pure premium multiplier</th>
<th>(3) proposed pure premium multiplier</th>
<th>(4) prior year written premium</th>
<th>(5) relative exposure ([\frac{(4)}{(2)}])</th>
<th>(6) relative proposed premium ([\frac{(3)\times(5)}{\text{total}}])</th>
</tr>
</thead>
</table>

Average effective pure premium multiplier \([\frac{(6)\text{ total}}{(5)\text{ total}}]\)

**SAMPLE**
LIMITED POWER OF ATTORNEY FOR
PURPOSE OF REGULATORY FILINGS

TO:  Minnesota Department of Commerce, Property/Casualty & Self-Insurance Division

RE:  Workers’ Compensation Rating Plan Filings

Effective Date: ____________________________

This limited power of attorney is filed on behalf of the following insurers licensed to write workers’ compensation in Minnesota.

________________________________     _________________________________
________________________________     _________________________________
________________________________     _________________________________
________________________________     _________________________________

The above insurers hereby designate and appoint the Minnesota Workers’ Compensation Insurers Association, Inc. (MWCIA) as their attorney-in-fact for the following limited purposes only.

(a)  To file with the Minnesota Department of Commerce in the name and on behalf of each of the above named insurers all rating plan filings and modifications filed by MWCIA with the Department of Commerce and approved by the Department for use in Minnesota.

(b)  This limited power of attorney does not apply to any filings made by one or more of the above insurers which further modify or elect not to use any of the filings made by the MWCIA and does not apply to rate schedules filed by the insurers. Such individual insurer filings are filed as an exception to the MWCIA filed plans and those filings, together with individual insurer rates upon approval by the Department of Commerce or as provided by statute, will supersede any applicable MWCIA filings.

(c)  This limited power of attorney is filed to effect partial compliance with Minn. Stat. § 79.56, subd. 1 (“each insurer shall file with the commissioner a complete copy of its rates and rating plan, and all changes and amendments thereto”) and for no other purpose. The authority granted by this document is specifically and explicitly limited to that purpose and may be withdrawn at any time by the above named insurers upon written notice to the Department of Commerce and the MWCIA.

(d)  The above named insurers specifically acknowledge that each filing must be in conformance with the filing procedures of the Minnesota Department of Commerce and must be accompanied by a filing fee where appropriate. Each insurer acknowledges that it has the individual liability to assure that each and every filing complies with its obligations under applicable Minnesota law. This document does not shift these obligations to the MWCIA. Neither the above named insurers nor the Department should look to the MWCIA as a guarantor that these obligations are met. Under this limited power of attorney, the MWCIA serves solely as the empowered filing agent for the above named insurers.
Signature

Print Name

Title

STATE OF ________________________
COUNTY OF ________________________

Subscribed and sworn to before me this

_______ day of __________, 20__.

_______________________________
Notary Public

Encl.: NAIC Property and Casualty Transmittal Document
Filing fee to Minnesota Department of Commerce, $90 for paper filings or $75 for electronic filings

cc: Minnesota Workers’ Compensation Insurers Association, Inc.
7701 France Avenue South, Suite 450
Edina, Minnesota 55435
MINNESOTA DISPUTE RESOLUTION ENDORSEMENT

This endorsement modifies insurance under the following:

Workers Compensation and Employers Liability Insurance Policy

Name Insured: ___________________________ Policy Number: _______________________
Endorsement Effective Date: ___________ ___ Endorsement Number: ________________

This endorsement is issued by the company named on the Information Page. It forms a part of the policy as of its effective date, at the hour stated on the Information Page.

We agree that all Workers’ Compensation claims with employees who are subject to collective bargaining agreements with the Insured will be resolved in accordance with the rules and regulations of said agreements as authorized under Minn. Stat., Section 176.1812 provided that such agreement(s) have been approved by the Commissioner of Labor and Industry. The Named Insured will provide us with copies of all such agreements and the Commissioner’s approval of each agreement.
LARGE RISK RATING FILING
[Pursuant to Minnesota Statutes Section 79.56, subdivision 1 (b)]

Name and address of insurer:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Name and address of insured employer:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Policy Period: ________________________________

I certify that the employer named above generates $250,000 or more in annual countrywide written workers’ compensation premium, and that the calculation of this threshold is based on the rates and rating plans that have been approved by the appropriate state regulatory authority. The filing of this certification authorizes the use of this rate and/or rating plan only for the named employer.

Name of responsible officer: ________________________________

Title: ________________________________

Signature: ________________________________