

**WORKERS' COMPENSATION
 MASSACHUSETTS CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT
 PROGRAM APPLICATION**

Insured _____

Federal Employers ID No. _____

Address _____

City _____

State _____

Zip _____

Policy No. _____

Effective Date _____

Carrier _____

Issuing Office _____

NOTICE: Unless Code(s), Total Wages Paid, Total Hours Worked, and Calendar Quarter Reported are indicated and the application is signed, the application cannot be processed. Contact your agent if assistance is required.

CLASSIFICATION(S)	CODE	TOTAL MASSACHUSETTS WAGES PAID *	TOTAL HOURS WORKED

*** EXCLUDE OVERTIME PREMIUM PAY.**

The foregoing is based on actual wages and hours worked, as reflected in our payroll records, for the complete calendar quarter ending _____ .

SIGNATURE

POSITION

DATE

Name of Insured
Address
Town/City, State, Zip

**MASSACHUSETTS
CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM
WORKERS' COMPENSATION PREMIUM CREDIT APPLICATION**

The Massachusetts Construction Classification Premium Adjustment Program has been proposed for employers engaged in construction operations and is applicable to policies eligible for experience rating.

A special premium calculation, which may result in a premium credit for you, will be based on average hourly pay rates for each classification of construction operations. In order that your premium may be correctly established, please return the completed premium credit application, as shown on the reverse side of this letter to: **The Workers' Compensation Rating and Inspection Bureau of Massachusetts, 101 Arch Street, 5th Floor, Boston, Massachusetts 02110, Attention: Customer Services.**

They will advise us of any premium credit applicable.

IMPORTANT: *Initial written notice of possible credit under this Program is given to you at policy inception or during the policy term. If you have not already submitted an application for credit prior to policy audit, you will be requested to sign a form acknowledging receipt of notice and, at the same time, requested to indicate whether you will apply for a credit. If you apply for a credit, you must submit a completed and signed application to the Bureau before the completion of the audit of the affected policy. In any event, the completed and signed application must be received by the Bureau within six months of the expiration date of the affected policy, or within one month of the time you receive written notice of the Program, whichever is later.*

For each applicable classification (both construction and non-construction) covering your company's operations in the State of Massachusetts, report the total Massachusetts payroll (excluding overtime premium pay) and the corresponding total number of hours worked for the third calendar quarter (July, August, September) as reported to taxing authorities.

Note #1: If you did not engage in construction operations during the most recent third calendar quarter, the requested information to be provided should then be for the last complete calendar quarter prior to the effective date of your workers' compensation policy.

Note #2: If you are a new business (no prior operations), or an existing business engaged in construction operations for the first time, submit the requested information for the first complete calendar quarter following the effective date of your workers' compensation policy when available.

Note #3: In the absence of specific records for salaried employers, you should assume that each individual worked forty (40) hours per week.

Please preserve your payroll records which formed the basis for this declaration as we will be required to verify the reported information in order for any premium credit to be applied.

Thank you for your cooperation.

Sincerely,

Turn Page Over for Premium Credit Application