

IMPORTANT NOTICE

PLEASE READ CAREFULLY

**THIS NOTICE FORM AND THE APPLICATION MUST
BE RETURNED BEFORE YOUR AUDIT CAN BE PROCESSED**

**MASSACHUSETTS CONSTRUCTION CLASSIFICATION
PREMIUM ADJUSTMENT PROGRAM**

ACKNOWLEDGMENT OF RECEIPT OF NOTICE FORM

I, the undersigned, acknowledge receipt of Massachusetts Workers' Compensation Premium Credit Application.

I understand that in order to receive a credit under this Program, I must submit the application through the web tool, **Online MCCPAP – Construction Credit Application**, located on the WCRIBMA website (www.wcribma.org) under the Tools and Services menu within the time frame stated in the application. If I am unable to submit an application through the web tool I may also submit a completed application by email to customerservices@wcribma.org, by fax to Customer Services #617-439-6055, or by mail to the address shown below. The complete and signed original application must be received within the time frame stated in the application.

**The Workers' Compensation Rating and Inspection Bureau
of Massachusetts
101 Arch Street, 5th Floor
Boston, Massachusetts 02110
Attention: Customer Services**

Signature and Title
(Corporate Officer, General Partner,
or Sole Proprietor)

Policyholder's Name

Date

Retain a copy of this form in your file.