

The Workers' Compensation Rating and Inspection Bureau of Massachusetts
40 Broad Street, Boston, Massachusetts 02109
(617) 542-5080

October 17, 1986

CIRCULAR LETTER NO. 1451

To All Members and Subscribers of the Bureau:

Re: Payment of Industrial Accidents Assessment

Attached are copies of a letter and an Assessment Reporting Form recently sent to Home Office locations of member companies by the Department of Industrial Accidents (DIA). In order to notify all involved company personnel of the proper reporting procedures, this Circular Letter, together with attachments, is being sent to all our mailing list locations.

As announced in previous Bureau Circular Letters, insurers have been required to charge Massachusetts workers' compensation policyholders a percentage of the standard premium and remit amounts collected quarterly. The assessment collected for policies effective from July 1 to September 30, 1986 is due on or before October 30, 1986 and should be submitted to the DIA in accordance with the instructions outlined in the attached.

In summary, the assessment should be made payable to three Funds and broken down as follows:

- Check No. 1. Made payable to the Massachusetts Industrial Accident Public Trust Fund. This payment represents the amounts collected from public employers at the rate of 1.3% of standard premium.
- Check No. 2. Made payable to the Massachusetts Industrial Accident Private Trust Fund. This payment represents 43% of the assessment collected from private employers at the rate of 3.0% of standard premium.
- Check No. 3. Made payable to the Massachusetts Industrial Accident Special Fund. This amounts represents 57% of the assessment collected from private employers at the rate of 3.0%.

The total of Checks No. 2 (43%) and 3 (57%) should equal the total amount (100%) collected from private employers.

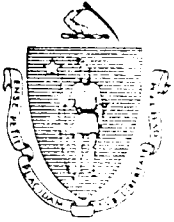
The completed and signed Assessment Reporting Form together with the three checks should be submitted to the address listed in the DIA letter of September 30, 1986.

Please note that questions pertaining to details of the Assessment Payment Procedure may be referred to the DIA.

William E. DeWolfe
Vice President

WDW:jlj

Attachments



The Commonwealth of Massachusetts

Division of Industrial Accidents

Leverett Saltonstall Building, Government Center

100 Cambridge Street, Boston 02142

617-727-3400

JOEL M. PRESSMAN
COMMISSIONER

September 30, 1986

Dear Public/Private Insurer:

Section 65 (as amended by Chapter 572 of the Acts of 1985) of Chapter 152, the Worker's Compensation Act of Massachusetts, established a Public Trust Fund, a Private Trust Fund and a Special Fund. The Department of Industrial Accidents is required to bill and collect from each insurer an assessment charge and remit the appropriate amount to the Treasurer of the Commonwealth.

Your assessment reporting form for the period July 1, 1986 through September 30, 1987, pursuant to M.G.L. Chapter 152 is enclosed. You will receive this quarterly bill on or before October 1, 1986; January 1, 1987; April 1, 1987; and July 1, 1987. Quarterly assessments are due, per M.G.L. Chapter 152, on or before October 30, 1986; January 31, 1987; April 30, 1987; and July 31, 1987.

In accordance with the Worker's Compensation Reform Act, the Secretary of Labor has established an assessment rate of .0373 for the Private Trust/Special Fund and an assessment rate of .0162 for the Public Trust. These assessment rates (based on losses) have been recalculated (based upon premiums) by the Worker's Compensation Rating and Inspection Bureau of Massachusetts to be .030 for the Private Trust/Special Fund and .013 for the Public Trust. The Office of the Chief Legal Counsel has reviewed and approved this recalculation, pursuant to Chapter 152, based upon the premium assessment.

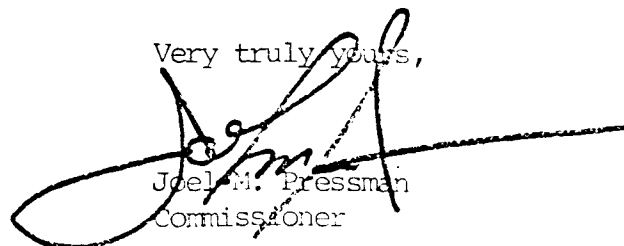
Since M.G.L. Chapter 152 requires the Department of Industrial Accidents to deposit Public/Private Insurer Assessments into a Public Trust Fund, a Private Trust Fund and a Special Fund, it will be necessary for your quarterly assessment payments to be made out to the funds as listed on the invoice.

A copy of this bill and appropriate checks should be mailed to:

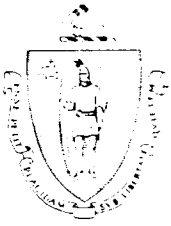
Assessment Processing
DIA Office of Administration
P.O. Box 9105
Essex Station
Boston, MA 02112-9105

If you have any questions regarding this bill, please contact Mr. Michael L. Simmons, Director of the DIA Office of Administration and Data Processing at (617) 727-3394.

Very truly yours,



Joel M. Pressman
Commissioner



The Commonwealth of Massachusetts

Division of Industrial Accidents

Leverett Saltonstall Building, Government Center

100 Cambridge Street, Boston 02202

R 100108

INSURER ASSESSMENT REPORTING FORM FOR QUARTER ENDING _____

NAME OF INSURER OR GROUP*: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PUBLIC EMPLOYERS
(.013 of Premiums)

PRIVATE EMPLOYERS
(.030 of Premiums)

Assessments Collected
(Amount Due)

\$ _____ (A)

\$ _____ (B)

Employers Assessed**

Total Standard Premiums for
Assessed Insured

\$ _____

\$ _____

Please remit the quarterly assessment payment as follows:

1. Massachusetts Industrial Accident Public Trust Fund \$ _____ (A)

2. Massachusetts Industrial Accident Private Trust Fund \$ _____

(B) \$ _____ X .43 = \$ _____

3. Massachusetts Industrial Accident Special Fund

(B) \$ _____ X .57 = \$ _____

I hereby certify under the penalties of perjury that all laws of the Commonwealth governing assessments and regulations thereof have been complied with and observed, and that all information is, to the best of my knowledge, correct.

Signed: _____ Name: _____

Title: _____ Phone #: _____

Date: _____

* If this report is for a group of companies, please list the names of the individual companies which are included.

** If not readily available, please forward, under separate cover, as soon as possible.