

**WCRIBMA**  
THE WORKERS' COMPENSATION RATING  
AND INSPECTION BUREAU OF MASSACHUSETTS

101 ARCH STREET, SUITE 500, BOSTON, MASSACHUSETTS 02110-1103  
Tel: 617-439-9030

**OCTOBER 1, 2019**

**CIRCULAR LETTER NO. 2351**

**TO: PRESIDENTS & CHIEF EXECUTIVE OFFICERS OF WCRIBMA MEMBER CARRIERS**

**GOVERNING COMMITTEE MEMBERSHIP: 2020-2021 TERM**

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The Workers' Compensation Rating and Inspection Bureau of Massachusetts (WCRIBMA) will soon be considering membership on the Governing Committee for the May 2020-May 2021 term.

All WCRIBMA member companies are eligible for election to the WCRIBMA Governing Committee by the full membership at the Annual Meeting to be held on May 28, 2020. Please note that positions are held by individual insurance companies and not carrier groups; no more than one member of the same Holding Company System may serve on the Governing Committee.

If you are interested in having your company considered for membership on the Governing Committee for the May 2020 - May 2021 term, please complete the attached form, including the identity of whom you wish to designate as the Member representative and alternate. Governing Committee representatives should hold an executive or senior level management position with the carriers they represent and have detailed knowledge/experience with the Massachusetts workers' compensation insurance industry.

Please return the form by December 31, 2019. Any replies received after the due date will not be considered.

If you have any questions, please contact Virginia A. McCarthy, Vice President & General Counsel, at [vmccarthy@wcribma.org](mailto:vmccarthy@wcribma.org) or 617-646-7550.

**RESPONSE REQUIRED BY DECEMBER 31, 2019**

Virginia A. McCarthy  
Vice President & General Counsel

# WCRIBMA

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PLEASE COMPLETE FORM AND E-MAIL TO [VMCCARTHY@WCRIBMA.ORG](mailto:VMCCARTHY@WCRIBMA.ORG)  
REPLY MUST BE RECEIVED NO LATER THAN DECEMBER 31, 2019

## GOVERNING COMMITTEE

### Representative

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Alternate

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

The above representatives are hereby authorized by the undersigned to perform all the necessary functions of that position.

Name: \_\_\_\_\_  
(Company Senior Executive) (Date)

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ NAIC  
Company  
Code: \_\_\_\_\_