

WCRIBMA
THE WORKERS' COMPENSATION RATING
AND INSPECTION BUREAU OF MASSACHUSETTS

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Tel: 617-439-9030

OCTOBER 2, 2020

CIRCULAR LETTER NO. 2373

TO: PRESIDENTS & CHIEF EXECUTIVE OFFICERS OF WCRIBMA MEMBER CARRIERS

GOVERNING COMMITTEE MEMBERSHIP: 2021-2022 TERM

The Workers' Compensation Rating and Inspection Bureau of Massachusetts (WCRIBMA) will soon be considering membership on the Governing Committee for the May 2021-May 2022 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 June 3, 2021. 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 2021 - May 2022 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, 2020. 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 or 617-646-7550.

RESPONSE REQUIRED BY DECEMBER 31, 2020

Virginia A. McCarthy
Vice President & General Counsel

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PLEASE COMPLETE FORM AND E-MAIL TO VMCCARTHY@WCRIBMA.ORG
REPLY MUST BE RECEIVED NO LATER THAN DECEMBER 31, 2020

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: _____