



**DIVISION OF
WORKERS'
COMPENSATION**

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

**PROPOSED RATES FOR
WORKERS' COMPENSATION INSURANCE
GROUP TRUST SELF-INSURANCE**

This form is to be filed with the Division of Workers' Compensation (DWC) no later than 15 days prior to implementation. Along with this information, please include the actuarial evaluation that substantiates your expected losses. The DWC is not a ratemaking authority, but this information is required for our records. **Do not substitute this form.**

Group Trust Name	
Third-Party Administrator	Chairman
Account Manager	Term Filing

METHOD USED TO DEVELOP RATES (Check One)

- | | |
|---|---|
| 1. <input type="checkbox"/> NCCI untrended loss cost data | 4. <input type="checkbox"/> DIFP trended loss cost data |
| 2. <input type="checkbox"/> NCCI trended loss cost data | 5. <input type="checkbox"/> Group trust loss cost data, actuarially developed |
| 3. <input type="checkbox"/> DIFP untrended loss cost data | |

PREMIUM SUMMARY BY CLASSIFICATION

	Code	Description	Projected Payroll	Rate	Estimated Manual Premium
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

Totals

PROJECTED REVENUES AND EXPENSES

Revenues	
Estimated Annual Premium	\$
Interest	\$
Total Revenue	\$
Expenses	
Expected Losses (Indemnity, Medical, ALAE and IBNR)	\$
Administrative Expenses	\$
Unallocated Loss Adjustment Expenses (ULAE)	\$
Excess Insurance	\$
Directors and Officers Insurance	\$
Loss Control	\$
Surety Bond	\$
Fidelity Bond	\$
CPA Audit and Tax Return	\$
Actuarial Evaluation	\$
Accounting Fees	\$
Legal Fees	\$
All Taxes and Second Injury Fund Surcharge	\$
Any Other Expenses	\$
Total Expenses	\$
Loss Contingency/Surplus (Estimated Annual Premium – Total Expenses)	\$

DISCOUNT SCHEDULE

Describe the method developed by the group trust to determine appropriate discounts for individual members. Discounts should not exceed 25 percent, and the basis for discounts must be quantifiable with uniform pricing and application.

*Missouri Division of Workers' Compensation is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.
TDD/TTY: 800-735-2966 Relay Missouri: 711*