

May 1, 2015

Employer
Address
Address

**RE: Policy #xxxxxx; Policy Year July 1, 2015 – June 30, 2016
Notice of Estimated Annual Premium, Premium Installment Schedule and
Certificate of Coverage – THIS IS NOT A BILL**

Dear Employer:

This letter is your Notice of Estimated Annual Premium and Premium Installment Schedule for the policy year that begins July 1, 2015. **This document is not a bill, but an estimate to aid you in budgeting.** We have also enclosed a certificate of coverage.

You will notice the installment schedule includes six payments. The initial installment is one-sixth of the estimated premium required for the upcoming policy year, but you will not be required to pay this installment. Instead, to facilitate the move to prospective billing, BWC will pay this initial installment as a continuation of the transition credit you have already received for the first half of this year. The due date for the second installment (the first installment you will need to pay) is Aug. 31, 2015. We will send you an invoice for that installment on Aug. 1, 2015.

We have based your estimated premium on the payroll you reported for the most recently completed policy year, July 1, 2013 – June 30, 2014. If you believe the payroll amount is incorrect, or if you anticipate a change in operations that will affect your payroll for the policy period beginning July 1, 2015, please notify us at 1-800-644-6292. If a payroll service vendor represents you, we recommend you consult with the vendor on installment options or changing your estimated payroll.

In July 2016, we will require you to reconcile the payroll amount used to estimate your premium with your actual payroll amount for the policy year beginning July 1, 2015. We call this process the payroll true-up. We will send more information to you about this payroll true-up in 2016.

Failure to pay a premium installment timely will result in penalties and interest. You will be responsible, dollar for dollar, for the costs of any claims that occur during any period of non-coverage. Failure to complete a payroll true-up or to pay any amount due from the payroll true-up will result in program disqualification for the policy year that begins July 2016.

As we indicated in previous correspondence, the enclosed certificate is not a guarantee of coverage. Coverage is only guaranteed by paying your premium on time.

We look forward to working with you as we transition to prospective billing. If you have not done so already, we encourage you to visit www.bwc.ohio.gov and create an e-account. If you need additional information about prospective billing, visit our website and click on the prospective billing link on the Employers page, or call us at 1-800-644-6292.

Sincerely,

Stephen Buehrer
BWC Administrator/CEO

General Information

Payment of premium – Failure to pay premium by the installment due date will result in a lapse in coverage. Employers are responsible for all claim costs associated with claims filed during a lapsed coverage period. **Please pay all installment billings timely to avoid interest and penalties.**

Payroll true-up report – We will require you to file an annual payroll true-up report online at www.bwc.ohio.gov at the conclusion of this policy year. If the final calculated premium for the policy period is more than the premium you have already paid, you must pay the outstanding balance. We will refund the balance, if the final calculated premium for the policy period is less. **Failure to file the annual payroll true-up report and pay any outstanding balance timely will result in removal from all employer discount programs and rating plans.**

Policy cancellation – You must notify us in writing if you cancel your policy. When cancelling your coverage, you must file a final payroll true-up report.

Audit – We reserve the right to audit the information you submit on your annual payroll true-up report.

Transfer of coverage – You must notify us in writing if you transfer your coverage to another entity.

Change in operations – Please call 1-800-644-6292 to notify us of significant changes to your operations, or to request modifications to your estimated premium exposure (estimated payroll) for the upcoming year.

Changing the installment schedule – Please call us at 1-800-644-6292 by July 15, 2015, if you would like to change your premium installment schedule.

What to do if you have an injury at work – Please contact your managed care organization if one of your employees is injured at work.

Premium discount programs – We offer many opportunities for employers to reduce their premiums and promote workplace safety. Please visit www.bwc.ohio.gov to see what opportunities your company may have.

Safety services – Our Division of Safety & Hygiene (DSH) can assist you in making your workplace safer. We provide these services to you at no additional cost. To contact DSH, please call 1-800-644-6292.

Important Dates to Remember

Date	Item
Early August, 2015	First installment/invoice mailed for 2015 policy year that employer will be required to pay
Late August, 2015	First installment due for 2015 policy year that employer will be required to pay
July 1, 2016	Annual payroll true-up notice information mailed for 2015 policy year
Aug. 15, 2016	Annual payroll true-up report due for 2015 policy year



Policy Information

Policy Number:

Employer Name:

Mailing Address:

Policy period is from 12:01 a.m. July 1, 2015, to 12:00 a.m. July 1, 2016.

Selected installments: 6

Total estimated annual premium: \$6,000

Premium Installment Schedule	
Due Date	Amount
June 30, 2015	\$1,000 (Paid by BWC)
Aug. 31, 2015	\$1,000
Oct. 31, 2015	\$1,000
Dec. 31, 2015	\$1,000
Feb. 28, 2016	\$1,000
April 31, 2016	\$1,000

Individuals Who Have Elected Coverage

Name	Assigned Class Code

Calculation of the Estimated Annual Premium

Manual Class	Experience Modifier (EM)	(A) Blended Rate	(B) Estimated Payroll	(A X B) Estimated Premium
Total				
*For additional rating information, please visit www.bwc.ohio.gov and log on with your e-account.				