



Minnesota Workers' Compensation
Insurers Association, Inc.

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Minneapolis, MN 55435-3203

952-897-1737 general
952-897-6495 fax

www.mwcia.org

MEMBERSHIP CONTACT UPDATE FORMS

The attached forms are intended for use in updating Group/Carrier membership contact information.

INSTRUCTIONS:

These forms contain different sections; please complete only those sections which are being updated.

- 1. Group Information:** The addresses and contacts related to the Group.
- 2. Financial Group Information:** The addresses and contacts related to the Financial Calls and Assessments.
- 3. Carrier Information:** The addresses and contacts related to each Carrier within the Group.
- 4. Additional Subscribers for Circular Letter Mailings:** Registering additional Carrier contacts for Circular letter notifications.

If you are the Carrier completing these forms, you need to complete only the Financial Group Information, Carrier Information and Additional Subscribers for Circular Letter Mailings.

To return the completed forms to MWCIA, please EMAIL them to:
Membership@mwcia.org.

GROUP INFORMATION

GROUP
NAME: _____

HOME OFFICE: (CONTACT)

Primary Contact Person: _____

Title: _____

Mailing Address: _____

Direct Phone Number: _____

Email: _____

Subscribe to Circulars and Newsletters: Yes____ or No____

CONTACT FOR NOTICE OF ANNUAL MEETING AND PROXY:

Primary Contact Person: _____

Title: _____

Mailing Address: _____

Direct Phone Number: _____

Email: _____

Subscribe to Circulars and Newsletters: Yes____ or No____

MEMBERSHIP: (CONTACT FOR YOUR MEMBERSHIP QUESTIONS OR CHANGES IN YOUR CONTACT NAMES AND ADDRESSES)

Primary Contact Person: _____

Title: _____

Mailing Address: _____

Direct Phone Number: _____

Email: _____

Subscribe to Circulars and Newsletters: Yes____ or No____

CARRIER DATA QUALITY REPORT CARD:

Primary Contact Person: _____

Title: _____

Mailing Address: _____

Direct Phone Number: _____

Email: _____

Subscribe for Circulars and Newsletters: Yes____ or No____

FINANCIAL GROUP INFORMATION

FINANCIAL GROUP

NAME: _____

FINANCIAL DATA/CARRIER CALLS:

Primary Contact Person: _____

Title: _____

Mailing Address: _____

Direct Phone Number: _____

Email: _____

Subscribe for Circulars and Newsletters: Yes____ or No____

ASSESSMENTS: (CONTACT FOR ANNUAL ASSESSMENTS AND REAPPORTIONMENT)

Note: Members are assessed in the same manner as they filed their most recent Financial Calls. If a Group filed separate Financial Calls for each Carrier/Company, they are assessed accordingly.

NCCI Carrier ID#: _____

Company Name: _____

Primary Contact Person: _____

Title: _____

Mailing Address: _____

Direct Phone Number: _____

E-Mail: _____

Subscribe for Circulars and Newsletters: Yes____ or No____

CARRIER INFORMATION

GROUP
NAME: _____

CARRIER
NAME: _____

NCCI CARRIER ID: _____

_____ **All Carriers in the Group have same address and contact (Y/N).**

HOME OFFICE:

Primary Contact Person: _____

Title: _____

Mailing Address: _____

Direct Phone Number: _____

Email: _____

Subscribe to Circulars and Newsletters: Yes____ or No____

UNDERWRITING OFFICE: (CONTACT FOR UNDERWRITING QUERIES - will receive criticism letters and experience ratings.)

Primary Contact Person: _____

Title: _____

Mailing Address: _____

Direct Phone Number: _____

Email: _____

Subscribe to Circulars and Newsletters: Yes____ or No____

UNIT STATISTICAL PLAN DATA: (CONTACT FOR GENERAL UNIT STATISTICAL REPORT
QUERIES)

Primary Contact Person: _____

Title: _____

Mailing Address: _____

Direct Phone Number: _____

Email: _____

Subscribe for Circulars and Newsletters: Yes____ or No____

PAYROLL AUDIT: (CONTACT FOR PREMIUM AND TEST AUDITS)

Primary Contact Person: _____

Title: _____

Mailing Address: _____

Direct Phone Number: _____

Email: _____

Subscribe to Circulars and Newsletters: Yes____ or No____

ADDITIONAL SUBSCRIBERS FOR CIRCULAR LETTER MAILINGS

Circular letters provide a wide variety of information on matters relating to the Minnesota Workers' Compensation system such as Manual rule and classification changes, benefit changes and legislative activities. **All Circular Letter distribution is by email.**

NCCI Carrier ID: _____
Company Name: _____
Contact Name: _____
Phone: _____
Email: _____

NCCI Carrier ID: _____
Company Name: _____
Contact Name: _____
Phone: _____
Email: _____

NCCI Carrier ID: _____
Company Name: _____
Contact Name: _____
Phone: _____
Email: _____

NCCI Carrier ID: _____
Company Name: _____
Contact Name: _____
Phone: _____
Email: _____

NCCI Carrier ID: _____
Company Name: _____
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Phone: _____
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Contact Name: _____
Phone: _____
Email: _____