

October 28, 2008

ALL ASSOCIATION MEMBERS

Circular Letter 08-1542

RE: New Policy View System for the MWCIA Website

The Minnesota Workers' Compensation Insurers Association, Inc. (MWCIA) is pleased to announce the release of a new on-line Policy View application.

The Policy View application will allow member carriers to view the electronic and hard-copy policy data they reported to MWCIA. Policy View is intended to help members resolve coverage issues, address policy errors, and verify their records with MWCIA. Each carrier (or group of carriers) must register to use the product.

The dataset available on Policy View includes policy information that has been submitted to the MWCIA either electronically or by hard copy over a period of approximately three years. Data is refreshed nightly. Please allow extra processing time for the mailing and entry of hard-copy policies. Currently, only the policy data accepted by our system will be available for viewing.

Policy data may be searched by Policy Number, Coverage ID, Effective Date Range, Policy Insured Name, and Policy Status. The Policy View application partitions policy data into convenient sections with tab controls for the Information Page, Names, Addresses, Premium/Exposure, Endorsements, Cancellations/Reinstatements, and Transaction History.

Attached is a registration form for the MWCIA Policy View application. If you are a member of the MWCIA and would like to request access to view your policy data, please complete the application and mail or fax it per instructions on that form.

If you have any questions regarding registration, please contact Debbie Peterson at 952-897-6439 or by emailing debbie.peterson@mwcia.org.



Policy View Application – Login Request Form

Please complete the application and mail or fax to MWCI.

Address: MWCI 7701 France Ave South, Suite 450, Minneapolis, MN-55435-3200

Fax: 952-897-6495

Please provide following information.

NCCI Group ID: _____

Group Name: _____

Requesting NCCI Carrier ID: _____

Contact Name: _____

Street Address: _____

City: _____

State and Zip Code _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

User Name: _____

Password: _____

Username/Password requirements: 6 characters minimum / Must begin with at least one ALPHA CHARACTER/can be all alpha or alpha-numeric beginning with alpha / all lower case / no symbols / no common words/no spaces/ login name and password should not be identical.

Please enter the NCCI Carrier ID and Name for which you want to view data.

No.	NCCI Carrier ID	Carrier Name
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

(Above list may be reproduced to add additional Carrier Names)

You will be notified when your application has been accepted. If there are any questions, please email us at

PolicyViewRegistration@mwcia.org .



CAUTION... ALL POLICY VIEW DATA IS PROPRIETARY TO MWCIA'S MEMBER CARRIERS. ONLY MEMBER CARRIERS MAY REQUEST OR RECEIVE A LOGIN TO ACCESS DATA IN POLICY VIEW. NO OTHER ENTITY MAY RECEIVE ACCESS TO POLICY VIEW EXCEPT AS PROVIDED TO A THIRD PARTY DIRECTLY BY THE RESPONSIBLE CARRIER ITSELF.

Authorizing Officer for Applicant

Last Name _____ First Name _____

Title _____ E-mail Address _____

Please attach a business card, or copy of a business card, of the authorizing officer for verification.

The undersigned is duly authorized to execute this application on behalf of the above named Applicant and each of its individual carriers within the Carrier Group. By executing this application, the Applicant and each of the individual carriers agree to be bound by the Terms and Conditions of Use set forth on the MWCIA Web site at www.mwcia.org, together with all future modifications thereof.

Applicant Signature

Authorizing Officer Signature