





WCTI ANNUAL MEETING ADJUSTMENT BILLING SESSION HILTON LISLE/NAPERVILLE FRIDAY, MAY 6TH,2016

WCTI CONTACTS

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 Claims





WCTI MISSION

"The Workers' Compensation Trust of Illinois (WCTI) is a group of safety focused Illinois Manufacturers that have pooled their excellent loss experience to self-insure their workers' compensation risk."

MANAGING RISK – SELF INSURANCE

1980-Illinois Workers' Compensation Act Amended 1981-WCTI Established (35 Years of Service)

Member companies receive:

- *Progressive safety programs
- *Aggressive claims management
 - *Conservative budgeting
 - *Regulative oversight





WCTI PROCESS

- Proposals Estimated Quote (Start of Policy)
 - Marketing
 - Underwriting
 - Loss Control
 - Account Management
 - Claims
 - Accounting (Invoicing & Payment)
- Payroll Audits Final Audited Quote (End of Policy: January March)
 - Underwriting
 - Payroll Audit Firm
 - Physical or Phone Audit
- Adjustment Bills Retrospective Billing (End of Policy: April June)
 - Delivery (Account Management, Marketing, Underwriting)
 - Payment (Accounting)





UNDERWRITING PROPOSALS

WORKERS COMPENSATION TRUST OF ILLINOIS WORKERS COMPENSATION COVERAGE - QUOTE

Insured: SAMPLE COMPANY Agency: ABC AGENCY

Address 123 SAMPLE STREET

DANVILLE IL 61832

Member#: 0149999 00

IL

Coverage Period: 01/01/2015 to 1/1/2016 12:01 AM

Code	Classification	<u>Payroll</u>	<u>Rate</u>	<u>Premium</u>
4484	PLASTIC /MOLDED PROD MFG NOC	\$2,730,000	\$4.47	\$122,031
8742	SALES/REPORTER/METER COLLECTOR	\$360,000	\$.44	\$1,584
8810	CLERICAL OFFICE EMPLOYEES, NOC	\$4,600,000	\$.20	\$9,200
	Total	\$9,923,000	Experience Mo	

Manual Premium is calculated by taking the payroll times the rate and then dividing by 100 to equal premium. Then we take the manual premium of \$88,986 times the modifier of .67 to equal the standard premium of \$88,986.

Trended Expected Losses \$27,992

The Minimum Claim Fund is \$12,000 or TEL or 15% of Standard Premium, whichever is greater.	Actual Deposit Contribution	Potential Max Contribution
The Maximum Claim Fund is 80% of the Standard Premium.		
Claim Fund	\$27,992	\$71,189
Admin Fee (Standard Premium multiplied by 17.1%)	\$15,217	\$15,217
Excess Fee (Standard Premium multiplied by 4.98%)	\$4,432	\$4,432
State Total	\$47,641	\$90,838
Total:	\$47,641	\$90,838

NOTE: This quotation is good for 30 days and is based upon information made available to the company at the time the quotation was issued. Subsequent information may alter the terms and conditions quoted.





UNDERWRITING – TRENDED EXCECTED LOSSES

WORKERS COMPENSATION TRUST OF ILLINOIS WORKERS COMPENSATION COVERAGE - LOSS HISTORY

Insured: SAMPLE COMPANY Agency: ABC AGENCY

Address: 123 SAMPLE STREET DANVILLE IL 61832

Member#: 0149999 00 Policy #: WC014999908

LOSS	S HISTOR	Y						
	BILITY ERIOD	PAYROLL	# OF CLAIMS	PAID AMOUNT	RESERVE AMOUNT	TOTAL VALUE INCURRED DATE	SOURCE	PAYROLL LOSS RATIO
1/1/12	- 1/1/13	\$14,397,970 A	4	\$85,708	\$0	\$85,708 1-Sept -2014	LOSS RU	N 0.60%
1/1/13	- 1/1/14	\$10,460,239 A	0	\$0	\$0	\$0 1-Sept -2014	LOSS RU	N 0.00%
1/1/14	- 1/1/15	\$8,500,000 E	0	\$0	\$0	\$0 1-Sept -2014	LOSS RU	N 0.00%
TO	TAL	\$33.358.209	4	\$85.708	\$0	\$85.708		

EXPECTED LOSS CALCULATION

Three Year Pure Payroll Loss Ratio 0.0026

(Use the total of the three years incurred losses divided by payroll. \$85,708 divided by \$33,358,209 equals .0026)

Expected Losses \$19.994

(Multiply the current payroll times the pure payroll loss ratio. \$7,690,000 multiplied by .0026 equals \$19,994)

Trend Factor 1.40

(Factor that is used for undeveloped claims)

Trended Expected Losses \$27,992

(Multiply the expected losses by the trend factor. \$19,994 multiplied by 1.40 equals \$27,992)

Trended Expected Loss Ratio 31.46%

(Divide the trended expected losses by the standard premium. \$2,799 divided by \$88,986 equals 31.46%)





UNDERWRITING – PAYMENT PLAN

WORKERS COMPENSATION TRUST OF ILLINOIS WORKERS COMPENSATION COVERAGE - PAYMENT PLAN

Insured: SAMPLE COMPANY Agency: ABC AGENCY

Address: 123 SAMPLE STREET

DANVILLE IL 61834

Member#: 0149999 00

COVERAGE PERIOD FROM: January 01, 2015 TO: January 1, 2016

PREMIUM DUE	INVOICE DATE	AMOUNT DUE \$47,641	
Deposit Installment 1 Installment 2 Installment 3 Installment 4 Installment 5 Installment 6 Installment 7 Installment 8 Installment 9 Installment 10	January 01, 2015 February 01, 2015 March 01, 2015 April 01, 2015 May 01, 2015 June 01, 2015 July 01, 2015 August 01, 2015 September 01, 2015 November 01, 2015 No December Payment	\$11,911 \$3,573 \$3,573 \$3,573 \$3,573 \$3,573 \$3,573 \$3,573 \$3,573 \$3,573 \$3,573	(25% deposit) (10 equal installments)
	IND DECEMBER FAYINGIL		

MAKE CHECKS PAYABLE TO: WCTI

MAIL PAYMENTS TO:

______-____-

WCTI PO BOX 1803 INDIANAPOLIS IN 46206-1803

NOTES: PAYMENT WILL BE DUE ON OR BEFORE THE $\mathbf{5}^{\text{TH}}$ OF THE MONTH. (ACH, EMAIL INVOICES)





UNDERWRITING – PAYROLL AUDIT

Coverage Period: 01/01/2015 to 01/01/2016 12:01 AM

<u>Code</u>	<u>Classification</u>	<u>Payroll</u>	Rate	<u>Premium</u>
4484	PLASTIC /MOLDED PROD MFG NOC	\$3,629,183	\$4.47	\$162,224
8742	SALES/REPORTER/METER COLLECTOR	\$606,584	\$.44	\$2,669
8810	CLERICAL OFFICE EMPLOYEES, NOC	\$5,364,476	\$.20	\$10,729
	Total	\$3,868,000	Experience Mo	\$175,622 odification 0.67 nium \$117,667 (A)

Audited Manual Premium is calculated by taking the audited payroll times the rate and then dividing by 100 to equal audited manual premium. Then we take the audited manual premium of \$175,622 multiplied by the modifier of .67 to equal the audited standard premium of \$117,667.

	Audited Contribution	Estimated Contribution	Contribution Adjustment
Claim Fund	\$27,992 <mark>(B)</mark>	\$27,992	\$0
Admin Fee(Standard Premium multiplied by 17.1%)	\$20,121	\$15,217	\$4,904
Excess Fee (Standard Premium multiplied by 4.98%)	\$5,860	\$4,432	\$1,428
State Total	\$46,100	\$45,964	\$6,332
Totals:	\$53,973	\$47,641	\$6,332

Maximum Claim Fund: \$94,134 (C)	Maximum Contribution: \$120,115
(80% of Standard Premium)	(Maximum Claim Fund plus audited Admin & Excess Fee)
(80% * \$117,667)	(\$94,134 + \$20,121 +\$5,860)

We compare the audited contribution to the estimated contribution to see if there is an overpayment or additional premium due and the amount is reflected on the Adjustment Bill.





Payroll Audits

- Current Year
 - Mailed in April for review
- Prior Year(s)
 - Maximum Contribution

Loss Runs

- ICE <u>www.wcti.info</u> (Click on the blue iCE button)
- Monthly
 - Monitor and review all years
 - January 31st Valuation Date of Losses
 - Total Incurred = Total Paid + Total Outstanding Reserves

Quarterly Newsletter

- www.wcti.info (About WCTI, Newsletters)
- Shared Claims percentages
 - Members who have exceeded their maximum claims fund generate shared claims. Shared Claims are distributed proportionately amongst other members according to their standard premium and maximum claims fund.





Access to iCE Login

Quarterly Newsletter – Last Page

WCTI - WORKERS' COMPENSATION TRUST OF ILLINOIS SHARED CLAIMS INFORMATION

When a Member's claim dollars exceed their maximum claims fund, shared claims are generated. The dollars that exceed a member's maximum claims fund are then distributed to the other members of the Trust.

Shared Claims are measured as a percentage of Standard Premium. As of March 31, 2016 they are as follows:

- 2016 2.59%
- 2015 13.84%
- 2014 8.46%
- 2013 23.94%
- 2012 27.01%
- 2011 21.40%
- 2010 19.25%
- 2009 6.88%
- 2008 16.67%
- 2007 12.12%







Three Sections

1. Deposit Summary

2. Claims Fund Adjustment

3. Summary of All Adjustments





Summary – Cover Page

	Policy Year	[Deposit Held	Deposit eleased
Deposit Summary	2015	\$	(15,225)	 N/A
	2014		(39,543)	(19,108)
	2013	\$	(54,768)	\$ (19,108)
		(Change	
Claim Fund Adjustment			In	
	Policy Year	Ex	perience	
	2015	\$	-	
	2014		-	
	2013		9,116	
	2012		13,676	
	2011		(1,344)	
0			21,448	
Summary:				
Deposit Released		\$	(19,108)	
Claim Adjustment Total			21,448	
Mid-Term Billing			-	
2015 Payroll Audit			6,332	
2015 Investment Income Alloc	ation		-	
Total Due/Refund for Jar	nuary 2016	\$	8,672	





Detail

	2015	2014	2013	2012	2011
(A) Other dead Bassains	0117.007	#400 4 7 1	# 404.0==	#000 FCF	#070 OCC
(A) Standard Premium (B) Minimum Claim Fund (amount actually paid in	\$117,667	\$102,174	\$161,877	\$296,595	\$276,628
policy period)	\$27,992	\$46,746	\$19,127	\$41,805	\$40,710
F 7 F 7	+	Ţ : <u>-</u> ,:		Ţ::,= 3 0	Ţ : <u>-</u> ,:
(C) Maximum Claim Fund	\$94,134	\$81,739	\$129,502	\$237,274	\$222,329
(D) Total Incurred as of 1/31/2016	\$0	\$0	\$0	\$85,708	\$21,596
(2) 10:01 11:001:00 00 01 1701/2010	\$0	\$0	\$0	\$05,700	\$21,000
Shared Claims as a % of Standard Premium	10.85%	7.05%	22.34%	26.38%	21.63%
(E) Shared Claims Amount as of 1/31/2016	\$12,767	\$7,203	\$36,163	\$78,241	\$60,112
(F) Member Claim Responsibility as of					
1/31/2016 (Total Incurred plus Shared Claims					
less Minimum Claim Fund) D plus E less B - If					
incurred claims (D) are greater then					
maximum claim fund (C) then the maximum					
claim fund (C) is used for calculation.	(\$15,225)	(\$39,543)	\$17,036	\$122,144	\$40,998
(G) Total Incurred as of 1/31/2015		\$0	\$0	\$85,708	\$21,596
(H) Shared Claims Amount as of 1/31/2015		\$3,439	\$27,047	\$64,565	\$61,456
(I) Mambar Claim Bananaihility as of					
(I) Member Claim Responsibility as of 1/31/2015 (Total Incurred plus Shared Claims					
less Minimum Claim Fund) G plus H less B - If					
incurred claims are greater then maximum					
claim fund then the maximum claim fund is used for calculation.		(\$43,307)	\$7,920	\$108,468	\$42,342
		(φ-10,001)	\$7,020	ψ100, 100	4-12,0-12
Change in Member Responsibility		\$3,764	\$9,116	\$13,676	(\$1,344)
Refund Held from Prior Year	\$0	(\$42.20Z)	60		
Retuitu meta from Prior Year	\$0	(\$43,307)	\$0		
Member Deposit or Adjustment Due	(\$15,225)	(\$39,543)	\$9,116	\$13,676	(\$1,344)
			-		
Standard Premium - Policy Year 2014		\$102,174			
20% of Standard Premium - Policy Year 2014		\$20,435		12	
Early Return		(\$19,108)		13	





Member Name:	SAMPLE MEMBER			The repor				1		
Member Address:	123 DANVI	LLE STREE	T	Audited Standard I			A) per			
	2015	2014	2013	Policy Ye	ar.					
	20.0		20.0							
				<u> </u>				<u> </u>		
(A) Standard Premium	\$117,667	\$102,174	\$161,877		ond row I					
(B) Minimum Claim Fund (amount actually paid in	`			tnat wa	s paid thr	ougnout	each of th	ie policy	years.	
							1	<u> </u>		
policy period)	\$27,992	\$46,746	\$19,127	\$41,805	\$40,710					
	`					The Max	ximum Cla	aim Fund	(C) refle	ects
								nber Clair		
(C) Maximum Claim Fund	\$94,134	\$81,739	\$129,502	\$237,274	\$222,329	Respon	sibility. ⁻	The Maxir	num Clai	m _
		'						e Total I n		laims
						and Sha	red Clain	ns Combir	ned.	
(D) Total Incurred as of 1/31/2016	\$0	\$0	\$0	\$85,708	\$21,596	-				<u> </u>
								Claims (D	•	
								nis amoun d and Res		
Shared Claims as a % of Standard Premium	10.85%	7.05%	22.34%	6 26.38%	21.63%	amoun		u aliu nes	erve	
						amoun	1	ı		
				Sh	ared Clai	ms (E) an	nount as	of		
(E) Shared Claims Amount as of 1/31/2016	\$12,767	\$7,203	\$36,163	\$ \$78,2 1 /	31/2016					
(F) Member Claim Responsibility as of	`									
1/31/2016 (Total Incurred plus Shared Claims			Calculat	tes the Me	mber's Cl	aim Resp	onsibility	as of 1/3	1/2016	. This
less Minimum Claim Fund) D plus E less B - If				ds the I nc						ss the
incurred claims are greater then maximum claim fund then the maximum claim fund is			amount that was already paid (minimum claim fund (B).						•	
used for calculation.	(\$15,225)	(\$39.543)	l f Abo ! ::					Mavin	n Claire F	d
The fine the amount (b) is greater						the Incurred amount (D) is greater then the Maximum Claim Fund				
			(C) then the maximum claim fund is used for the calculation vers Total I nourred Amount.					sus tile		
			- 0.0. 11		J					



	2015	2014	2013	2012	2011				
(F) Member Claim Responsibility as of 1/31/2016 (Total Incurred plus Shared Claims less Minimum Claim Fund) D plus E less B - If incurred claims are greater then maximum claim fund then the maximum claim fund is used for calculation.	(\$15,225)	(\$39,543)	\$17,036	\$122,144		Reserve) reflects t adjustme		(G) (Paid & 2015. This fie om last year's	eld
(G) Total Incurred as of 1/31/2015		\$0	\$0	\$85,708	\$21,	mount re		of 1/31/2015.	
(H) Shared Claims Amount as of 1/31/2015		\$3,439	\$27,047	\$64,565	\$61,	ear sauj	ustilletit ilive	nce.	
(I) Member Claim Responsibility as of 1/31/2015 (Total Incurred plus Shared Claims less Minimum Claim Fund) G plus H less B - If incurred claims are greater then maximum claim fund then the maximum claim fund is used for calculation. Change in Member Responsibility Refund Held from Prior Year	\$0	T t! (\$43.30)	this field and the amount of the Incubication Fundation Change 1/31/2	adds the Int that was rred plus s d (G + H > n versus the in Experie	curred (already shared c D); then the Total I ence take	paid (mir aim amou the maxi ncurred p es the Me the amou	plus the Shanimum claim to unt is greate mum claim to blus Shared C mber Respor unt already r	r then the Maxund (C) is useclaim Amount (C) is useclaim	imum d for the G + H).
Member Deposit or Adjustment Due	(\$15,225)	(\$39,543)	\$9,116	\$13,676	(\$1,3			efund held las entered here.	t e
Standard Premium - Policy Year 2014 20% of Standard Premium - Policy Year 2014 Early Return		\$102,174 \$20,435 (\$19,108)	Early re		and Mer posit hel	Adds together the Change in Experience and the Refund Held to determine the Member Deposit or Adjustment Due. osit held is available for policy year 2014 if the ater than 20% of Standard Premium and you			the
							ing with no o		





Summary

The Most Current Two Policy years will reflect the Deposit that is being held. If there is an amount due then it will reflect \$0 and the amount due will be reflected under Claim Adjustment below.

			Deposit	Deposit
	Policy Year		Held	Released Reflects the amount
Deposit Summary	2015	\$	(15,225)	\$ _ / that will be released
	2014		(39,543)	(19,108) for Early Return.
	2013			Reflects the amount
		\$	(54,768)	that has been held for
				two years and is now
				being released.
		C	hange	Reflects the Claim Fund Adjustment if
Claim Fund Adjustment			In	underpaid or overpaid as of 1/31/2016.
	Policy Year	Experience		
	2015	\$	-	Totals each of the policy years Claim Fund
	2014		-	Adjustments.
	2013		9,116	
	2012		13,676	
	2011		(1,344)	Amount Released that is reflected
	2011	\$	21,448	above in Deposit Summary.
			·	Amount Released that is reflected
				/ above in Claim Fund Adjustment.
Summary:				//
Deposit Released		\$	(19,108)	
		·	(), (),	Amount Underpaid or Overpaid from
Claim Adjustment Total			21,448	Payroll Audit.
Mid Year Billing			_	
				Investment Income Credit
2015 Payroll Audit			6,332	
2015 Investment Income Allocat	ion		-	Total Due / Refund as of
				1/31/2016.
Total Due/Refund for Janu	ary 2016	\$	8,672	16





Early Return of Deposit Held

If the member is a current member in good standing and has no open claims on the Adjustment Billing date of January 31st, WCTI will hold no more than 20% of a member's Standard Premium for additional claims development.

This amount will be held in order to offset additional development in shared claims and additional maturation in the member's claims.

The claim year that is eligible for early return will be the claim year immediately prior to the claim year that was most recently concluded.





Example for Early Return of Deposit Held

	2015	2014	2013
(A) Standard Premium	\$117,667	\$102,174	\$161,877
(B) Minimum Claim Fund (amount actually paid in policy	\$27,992	\$46,746	\$19,127
(C) Maximum Claim Fund	\$94,134	\$81,739	\$129,502
(D) Total Incurred as of 1/31/2016	\$0	\$0	\$0
Shared Claims as a % of Standard Premium	10.85%	7.05%	22.34%
(E) Shared Claims Amount as of 1/31/2016	\$12,767	\$7,203	\$36,163
(F) Member Claim Responsibility as of 1/31/2016 (Incurred plus Shared Claims less Minimum Claim Fund) D plus E less B - If incurred claims are greater then maximum		ims are Closed er is in good st	
claim fund then the maximum claim fund is used for	(\$15,225)	(\$39,543)	\$17,036
(G) Total Incurred as of 1/31/2015		\$0	\$0
(H) Shared Claims Amount as of 1/31/2015		\$3,439	\$27,047
(I) Member Claim Responsibility as of 1/31/2015 (Incurred plus Shared Claims less Minimum Claim Fund) G plus H less B - If incurred claims are greater then maximum claim fund then the maximum claim fund is used for		(\$43,307)	\$7,920
Change in Experience		\$3,764	\$9,116
Refund Held from Prior Year	\$0	(\$43,307)	\$0
Member Deposit or Adjustment Due	(\$15,225)	(\$39,543)	\$9,116
Standard Premium - Policy Year 2014		\$102,174	
20% of Standard Premium - Policy Year 2014		\$20,435	
Early Return		(\$19,108)	18





Example for Early Return of Deposit Held

		De	<u>eposit</u>	<u>Deposit</u>
	Policy Year		Held	Released
Deposit Summary	2015	\$	(15,225)	N/A
	2014		(39,543)	\$ (19,108)
	2013		N/A	\$ -
		<u>\$</u>	(54,768)	\$ (19,108)
		С	hange	
Claim Fund Adjustment			In	Due to all claims in the 2014
	Policy Year		erience	policy year being closed as of 1/31/2016 and it is a
	2015	\$	-	member is good standing,
	2014		- 0 440	the Deposit Held will be 20% of the Standard Premium.
	2013 2012		9,116	of the Standard Premium.
	2012		13,676 (1,344)	
	2011	\$	21,448	
		φ	21,440	The Early Return is the amount that is held
Summary:				greater than 20% of the
Deposit Released		\$	(19,108)	Standard Premium. The amount held is \$39,543
Claim Adjustment Total			21,448	and 20% of the Standard Premium is
Mid-Term Billing			-	\$20,435. \$39,543 less
2015 Payroll Audit			6,332	\$20,435 equals \$19,108 Early Return.
2015 Investment Income Allocation			-	•
Total Due/Refund for January 2016		_\$	8,672	





Interim/Preliminary Adjustment Bill

- One page document
- No payment required
- No refunds returned
- Valued as of September 30th and mailed in November
- Valued as of January 31st and mailed in February
- Issued to current members only for information and planning purposes





Interim/Preliminary Adjustment Bill

			/			Call or email Tiffa	nv McNeelv with	questions or if you desi	re an electronic
				NA / W	CTI		· · · · · · · · · · · · · · · · · · ·	44-1211 or tmcneely@c	
				WW J TRI	PRKERS' COMPENSATION UST OF ILLINOIS	reroren er ems pr		TT 1211 OF CHICKING O	
			WORKERS'	COMPENSATI	ON TRUST OF	ILLINOIS			
				SAMPLE M	<u>IEMBER</u>				
			[In	iterim Adjust	ment Billing]				
			Val	lued as of Jan	uary 31, 2016				
				~Subject to	Change~				
			# of Years In 1	The Program	33.52				
				Early Return of			Refund Amount		
	<u>Po</u> lio	y Year	Gross Amount	Claim Fund	Refund Held	Amount Due	Due		
		2015			(108,791)	-	N/A		
	(2014	(58,772)	6,486	(52,286)	-	(6,486)		
		2013	(5,860)		N/A	-	(5,860)		
		2012	-		N/A	-	-		
		2011	(1,361)		N/A	-	(1,361)		
Policy Years	\prec	2010	6,337		N/A	6,337	-		
		2009	(372)		N/A	-	(372)		
		2008	(3,214)		N/A	-	(3,214)		
		2007	142		N/A	142	-		
		2006	(5)		N/A	-	(5)		
		2003	-		N/A	-	-		
			(171,896)	6,486	(161,077)	6,479	(17,298)		
			Tentat	ively your comp	any owes WCTI:	\$6,479			
					s your company:	-\$17,298			
Tentatively, the net am	ount	due t				-\$10,819			
•				tatively, an estir			will be held on b	ehalf of your company	,
			Ten	cativery, an estil	nateu reruna or	Q101,077	be neld on b	chan or your company	
Amount: The amount of claim fund deposits o	urrent	ly DUE	TO or DUE FROM	the insured bas	ed on their exper	ience and the ex	perience of other	r Trust members.	
eturn of Claim Fund: This amount represents	the an	nount of	funds that can b	e returned to a c	urrent member e	arlier than sched	duled.		
Held: The portion of the "Gross Amount" wh	ich ma	y be he	ld for two, full ca	lendar years.					
t Due: The current amount due "FROM" the i		•	·		ed today				
Duc. The current amount due TROW the I	iisuiet	Adjustm	Juneill Dills Wele	varueu anu 1550	cu touay.				





	V	VORKERS' CO	MPENSATIO	N TRUST OF ILL	INOIS							
			SAMPLE ME	MBER								
		[Detail of	f Interim Adj	ustment Billing]							
		Value	ed as of Janua	ary 31, 2016								
		•	~Subject to C	change~								
	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2003	Gross Amour
Total Incurred at 1/31/2016	2,472	6,174	24,966	241,446	25,863	32,398	173.218	4,278	1,254	34,152	331,575	877,796
Total Allocated Shared Claims at 1/31/2016	21,528	19,281	61,857		61,167	50,520	21,152	59,126	34,320	77,218	-	406,169
Total Incurred + Shared Claims or MAX at 1/31/2016	24,000	25,455	86,823	232,643	87,030	82,918	194,370	63,404	35,574	111,370	192,204	1,135,791
2015 Claim Fund Contribution	(132,791)											(132,791
2015 Mid Year Billing	-	-										-
Total Incurred + Shared Claims at 1/31/2015	-	(59,980)	(71,729)	(232,643)	(88,391)	(76,581)	(194,742)	(66,618)	(35,432)	(111,375)	(192,204)	(1,129,695
Total	(108,791)	(34,525)	15,094	-	(1,361)	6,337	(372)	(3,214)	142	(5)		(126,695
Refund Held at 1/31/2015	-	(24,247)	(20,954)	-								(45,201
Gross Amount	(108,791)	(58,772)	(5,860)	-	(1,361)	6,337	(372)	(3,214)	142	(5)		(171,896
Refund Held at 1/31/2016	108,791	52,286										161,077
2014 Early Return of Claim Fund	-	(6,486)										(6,486
Amount Due (Refund Due)	-	(6,486)	(5,860)	-	(1,361)	6,337	(372)	(3,214)	142	(5)		-\$10,819
TLUC	C NICE A DILL	l The final Ad	iustmant Bil	المورياوير وط النبيرا	as of lanuary	21 2016						
No funds pertai			•	l will be valued	-		1 2016					
		-				-	1, 2010.					
Te	erminated me	embers may i	not be imme	diately eligible	to receive ref	unds.						
ALL INFORMATION IS BASE	D ON UNAUD	DITED 2015 PA	AYROLL. THI	S PRESENTATIO	N IS FOR INFO	ORMATION	AL PURPO	SES ONLY				
		Broker: ((No Agency)									
		Di OKCI.	110 Agency)									





"Do It Yourself" Adjustment Bills

WCTI understands that your company may only view Adjustment Billing once a year. Therefore, it can be difficult to remember how to calculate an estimated Adjustment Billing balance.

For the Adjustment Bill, there are three types of "Amounts":

Fixed Amounts - ______
 Variable Amounts - ______
 Calculated Amounts - ______

The **ONLY** items that changes from year to year:

- Standard Premium (Current Year)
- Your Company's Claims at 1/31 (Current & Prior Year)
- Your Company's Shared Claims (Current & Prior Year)

This example will only address the claims calculation portion of the Adjustment Bill. WCTI will produce a DIY Adjustment Bill template for each company.





"Do It Yourself" Adjustment Bills

Fixed Variable Calculated

	2015	2014	2013
(A) Standard Premium	\$117,667	\$102,174	\$161,877
(B) Minimum Claim Fund (amount actually paid in policy period)	\$27,992	\$46,746	\$19,127
(C) Maximum Claim Fund (80% of (A))	\$94,134	\$81,739	\$129,502
(D) Total Incurred as of 1/31/2016 (Summary Loss Report)	\$0	\$0	\$0
Shared Claims as a % of Standard Premium (Newsletter/Website)	10.85%	7.05%	22.34%
(E) Shared Claims Amount as of 1/31/2016	\$12,767	\$7,203	\$36,163
(F) Member Claim Responsibility as of 1/31/2016 (Incurred plus Shared Claims less Minimum Claim Fund) D plus E less B - If incurred claims are greater then maximum claim fund then the maximum claim fund is used for	(\$15,225)	(\$39,543)	\$17,036
			·
(G) Total Incurred as of 1/31/2015	\$0	\$0	\$0
(H) Shared Claims Amount as of 1/31/2015	\$0	\$3,439	\$27,047
(I) Member Claim Responsibility as of 1/31/2015 (Incurred plus Shared Claims less Minimum Claim Fund) G plus H less B - If incurred claims are greater then maximum claim fund then the maximum claim fund is used for	\$0	(\$43,307)	\$7,920
Change in Experience		\$3,764	\$9,116
Refund Held from Prior Year	\$0	(\$43,307)	\$0
Member Deposit or Adjustment Due	(\$15,225)	(\$39,543)	\$9,116
Standard Premium - Policy Year 2014		\$102,174	
20% of Standard Premium - Policy Year 2014		\$20,435	
Early Return		(\$19,108)	24





"Do It Yourself" Adjustment Bills







"Do It Yourself" Adjustment Bills







"Do It Yourself" Adjustment Bills DIY ADJUSTMENT BILLING SAMPLE MEMBER Member Input Tab





2015						
SOURCE OF DATA:	Quarterly Newsletter/Website	Prior Year Adjustment Bill	Prior Year Adjustment Bill	Annual Quote/Proposal	Annual Quote/Proposal	Monthly Summary Loss Report
@ 1/31/2016	Shared Claims %	Total Incurred - PY	Shared Claims - PY \$	Minimum Claim Fund	Standard Premium	Total Incurred - CY
2003	12.47%	381,575	-	50,243	240,255	331,575
2004	23.58%		-	60,949	222,654	585,140
2005	16.14%		-	205,942	243,625	155,667
2006	21.89%	34,152	77,223	281,371	352,085	34,152
2007	12.12%	1,254	34,178	233,469	283,117	1,254
2008	16.67%	4,278	62,340	47,055	354,489	4,278
2009	6.89%	173,218	21,524	15,457	306,597	173,218
2010	19.18%	32,398	44,183	67,201	263,195	32,398
2011	21.63%	25,863	62,528	82,985	282,761	25,863
2012	26.52%	241,484	-	107,576	290,804	241,446
2013	22.07%	24,922	46,807	92,683	280,145	24,966
2014	7.37%	51,181	8,799	84,227	261,429	6,174
2015	9.95%			132,791	228,027	2,472





"Do It Yourself" Adjustment Bills

Member Name: SAMPLE MEMBER

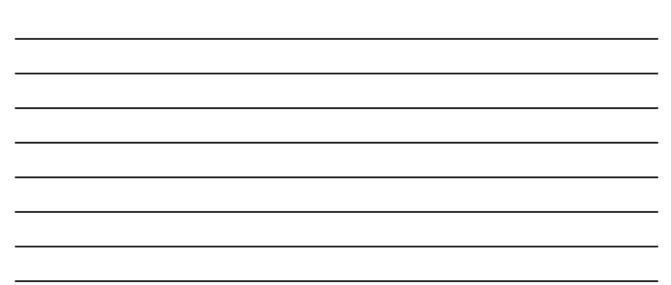
	SAIVII EE IVIEIVIDE										
	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	TOTAL
(A) Standard Premium	\$228,027	\$261,429	\$280,145	\$290,804	\$282,761	\$263,195	\$306,597	\$354,489	\$283,117	\$352,085	
Shared Claims as a % of Standard Premium	9.95%	7.37%	22.07%	26.52%	21.63%	19.18%	6.89%	16.67%	12.12%	21.89%	
(B) Minimum Claim Fund (amount actually paid in policy period)	132,791	84,227	92,683	107,576	82,985	67,201	15,457	47,055	233,469	281,371	
(C) Maximum Claim Fund	\$182,422	\$209,143	\$224,116	\$232,643	\$226,209	\$210,556	\$245,278	\$283,591	\$226,494	\$281,668	
(D) Total Incurred as of 1/31/2016	2,472	6,174	24,966	241,446	25,863	32,398	173,218	4,278	1,254	34,152	
(E) Shared Claims Amount as of 1/31/2016	\$22,689	\$19,267	\$61,828	\$0	\$61,161	\$50,481	\$21,125	\$59,093	\$34,314	\$77,071	
TOTAL (D +E)	25,161	25,441	86,794	241,446	87,024	82,879	194,343	63,371	35,568	111,223	2,064,953
THE LESSER OF (C) OR (D+E)	\$25,161	\$25,441	\$86,794	\$232,643	\$87,024	\$82,879	\$194,343	\$63,371	\$35,568	\$111,223	\$1,509,674
(G) Total Incurred as of 1/31/2015	_	51,181	24,922	241,484	25,863	32,398	173,218	4,278	1,254	34,152	
(H) Shared Claims Amount as of 1/31/2015	-	8,799	46,807	-	62,528	44,183	21,524	62,340	34,178	77,223	
TOTAL (G+H)	-	59,980	71,729	241,484	88,391	76,581	194,742	66,618	35,432	111,375	2,108,414
THE LESSER OF (C) OR (G+H)	\$0	\$59,980	\$71,729	\$232,643	\$88,391	\$76,581	\$194,742	\$66,618	\$35,432	\$111,375	\$1,502,718
Change in Experience - Due/(Refund)	\$25,161	(\$34,539)	\$15,065	\$0	(\$1,367)	\$6,298	(\$399)	(\$3,247)	\$136	(\$152)	\$6,956
Refund Held from Prior Year	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(Member Deposit) or Adjustment Due	\$25,161	(\$34,539)	\$15,065	\$0	(\$1,367)	\$6,298	(\$399)	(\$3,247)	\$136	(\$152)	\$6,956

TOTAL ESTIMATED DIY ADJUSTMENT BILL \$6,956





SUGGESTIONS AND COMMENTS



CCMSI

Attention: Tiffany McNeely
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Phone: 217-444-1211

Fax: 217-477-6711

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THANK YOU FOR ATTENDING THE ADJUSTMENT BILLING SESSION

HILTON LISLE/NAPERVILLE FRIDAY, MAY 6th, 2016



