



# **AGENT Guide**

**Workers' Compensation Program for  
Metal and Electronic Manufacturers**

**Administered by:**

***FutureComp***<sup>®</sup>



100 Great Meadow Road, Suite 300  
Wethersfield, Connecticut 06109

## CONTACTS

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Tony Szwez	Extension 4261	Senior Vice President
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Judy Burke	Extension 4247	Medical Case Management Manager
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Sarah Depergola	Extension 4273	MIS Manager
Todd Kaupin	Extension 4289	Underwriting Manager
Robert Bolduc	Extension 1865	Loss Control Representative
Fonda Carmody	Extension 1864	Senior Claims Adjuster
Veronica Taylor	Extension 4288	Nurse Case Manager
Jill Moulton	Extension 1863	Medical Only Claims Adjuster

## Key Telephone Numbers

**Claims Questions: (800) 443-6252, Ext. 1864**

**Fax: (860) 257-0002**

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# **PROGRAM OVERVIEW**

## **The Program**

CBIA Comp Services, Inc. (CBIACSI), an affiliate of Connecticut Business and Industry Association, Inc., is a self-administered Employers' Mutual Association designed for the metal and electronic trade manufacturing sector of the CBIACSI membership\*. As a member of the self-insured group, employers reap several benefits:

### **Cost savings**

The CBIACSI program offers competitive rates, which are a reduction from the normal workers' compensation premium as charged by most carriers.

### **Fund Investments**

The program invests premium deposits and funds retained for loss reserves. These investments are professionally managed using prudent investment guidelines. Earnings from investments stay with the program and help keep premium rates low.

### **Control**

As participants in the self-insured group, members elect the Board of Directors, which includes members, representatives of CBIA, and other insurance professionals. This provides members a far greater degree of control than traditional insurance coverage.

CBIACSI offers its members an integrated, comprehensive and cost effective Workers' Compensation claims program, administered by FutureComp.

\*According to the by-laws, risks must be "engaged in the same or similar trade of business or in trades or businesses with substantially similar degrees of hazard of injury to employees as the other members of the corporation, and which has a risk experience substantially similar to that of the other members of the corporation at the time of application."

An applicant for this program must be a member in good standing with CBIA, or as a condition of policy issuance, must become a member of CBIA.

## FutureComp®

- FutureComp is one of the largest third party administrators in New England, **providing services to over 950 insured and self-insured workers' compensation programs.**
- Licensed in all New England States, FutureComp has been **providing professional** third party administration services to insured and self-insured clients **since 1984** and is recognized as a leader and trusted advisor in the area of workers' compensation third party administration.
- Presently in New England our FutureComp self-insured team manages the workers' compensation programs of **Nine (9) Self-Insured Groups and 25 individually Self Insured clients.** In addition, FutureComp also is approved by The Hartford, Crum and Foster, Hanover and AmTrust Insurance Companies as a third party administrator handling claims administration on their behalf. In these programs FutureComp handles over 150 clients.
- As a full service Third Party Administrator, FutureComp provides **all component services** of a successful workers' compensation program, including claims management, managed medical care including network access, loss control services, and management information systems. Our state of the art, **internet based claims system** allows CBIACSI clients to **access their loss data in real time** providing flexibility in accessing loss reports.
- FutureComp's success has evolved from its philosophy to **dedicate a claims team** to our clients needs to **not just pay workers' compensation claims but to manage** their workers' compensation exposures by returning their injured employees to productivity in the workplace.
- We have demonstrated to our clients our commitment to ensure prompt, consistent and appropriate claim handling of all workers' compensation files as evidenced by FutureComp's **100% retention of our self-insured group clients.** In addition, we have partnered with CBIACSI to meet and exceed their workers' compensation goals and objectives.

## **Services**

- Claims Management
- Managed Care
- Loss Control
- Program Administration
- Financial Administration
- Reinsurance Placement

### **Claims Management**

- Proactive Claims Management
- Prompt Contacts (24 hours)
- Access To Internet Based Claims System
- Dedicated Account Service Team
- On-site and Tele-Conference Claim Reviews

### **Managed Medical Care**

- Utilization Review
- Telephonic And On-Site Case Management
- Medical Bill Re-Pricing
- Vocational Rehabilitation
- Preferred Provider Networks (PPO)

### **Loss Control**

- Train Management Staff And Employees
- Develop Early Return-To-Work Programs
- Custom Designed Workers' Compensation Specific Programs
- Supplement Employers In-House Capabilities And Programs

# **UNDERWRITING GUIDELINES**

## **Underwriting Guidelines**

This program was established to underwrite the metal and electronic trade manufacturing sector of the CBIA membership. The acceptability of an applicant's account will be evaluated according to the nature of the risk. In general, these are the factors to consider:

- Nature of business operation. Does not have a high probability of catastrophic exposure or potential for a high frequency of uncontrolled claims.
- Experience in business for at least three years and a good reputation as a reliable, creditworthy business. Management that is experienced in the insured's line of business, involved in safety and loss control measures, and has a cooperative attitude regarding insurance.
- Good financial condition with strong resources to support safe operations.
- Loss control measures appropriate to the size of the risk, including safety programs, good housekeeping and maintenance of premises, well-controlled hazards and participation in or compliance with managed care plans, return to work programs, Americans with Disabilities Act (ADA) and State and Federal regulations pertaining to safety and health of employees.
- Employee work force characterized by good hiring practices and training, proper supervision, low turnover and predominately full-time, year round jobs.
- Favorable claims history documented by currently valued loss data as evidence of a low loss ratio for the past three to five years.
- Compliance with loss control recommendations required.
- Immediate reporting of all injuries.

## **Classification Eligibility**

- The risk must be a manufacturer. See Class Guide.
- Only classifications within NCCI Hazard Groups I and II, with approved rates, are eligible for Plan participation.
- Risks with present or prior asbestos manufacturing exposures do not qualify for the program.

## **Other Factors to Consider:**

- Must be member in good standing with CBIA.
- Coverage is limited to the State of Connecticut.
- Minimum premium \$3,500 (new business).
- Risks with experience modification factors in excess of 1.30 require approval of the excess carrier.
- Employer's liability limits of \$100/\$500/\$100, \$500/\$500/\$500 and \$1million/\$1million/\$1million are available.
- No coverage is available for "owned, operated or leased aircraft or watercraft" exposures.
- All certificates, binders, policies and endorsements must be requested from the plan underwriter and will be issued by authorized plan personnel.

# **CLASSES**

# Class Guide

## Preferred Business

<b>CODE #</b>	<b>DESCRIPTION</b>
1924	Wire Drawing/Cable Mfg.
1925	Die Casting Mfg.
3022	Pipe/Tube Mfg.
3027	Rolling Mill
3042	Elevator Mfg.
3064	Sign Mfg.
3066	Sheet Metal Shop
3076	Fireproof Equipment Mfg.
3110	Forging Work
3111	Pipe Bending
3113	Tool Mfg.
3118	Saw Mfg.
3119	Needle Mfg.
3120	Safety Razor Mfg.
3122	Cutlery Mfg.
3131	Button Mfg.
3145	Screw Mfg.
3146	Hardware Mfg.
3179	Electrical App. Mfg.
3180	Electric/Gas Lighting
3188	Plumber Supplies Mfg.
3220	Can Mfg.
3223	Lamp Mfg.
3227	Aluminum Wire Mfg.
3241	Wire Drawing
3257	Wire Goods Mfg.
3270	Eyelet Mfg.
3307	Heat Treating
3315	Brass Goods
3334	Tin Foil Mfg.
3336	Type Foundry
3383	Jewelry Mfg.
3385	Watch Mfg.
3400	Metal Goods Mfg.
3507	Agricultural Machine Mfg.
3515	Textile Machine Mfg.
3548	Printing Machine Mfg.
3559	Confection Machine Mfg.
3574	Adding Machine Mfg.
3581	Carburetor Mfg.
3612	Pump Mfg.

## Preferred Business

(continued)

<b>CODE #</b>	<b>DESCRIPTION</b>
3629	Precision Machined Parts
3632	Machine Shop
3634	Valve Mfg.
3635	Gear Mfg.
3638	Ball/Roller Bearing
3642	Battery Mfg.
3643	Electrical Power Equipment
3648	Auto Lighting Mfg.
3681	Telephone App. Mfg.
3685	Instrument Mfg.
4206	Pulp Mfg.
4207	Pulp Mfg./Chemicals
4240	Box Mfg.
4251	Stationery Mfg.
4263	Fiber Goods Mfg.
4282	Dress Pattern Mfg.
4307	Bookbinding
4351	Photoengraving
4431	Phonographic Record
4432	Fountain Pen
4452	Plastics Mfg. – Fabricated Products NOC
4459	Plastics Mfg. – Sheets, Rods or Tubes
4484	Plastic Mfg. – Molded Products NOC
4693	Pharmaceutical or Surgical Goods Mfg.
4902	Sporting Goods Mfg.

## Standard Exception Classes

<b>CODE #</b>	<b>DESCRIPTION</b>
7380	Drivers
8742	Salespersons
8810	Clerical Office

## **Incidental Classifications**

**(Less than 15% of the total payroll)**

<b>CODE #</b>	<b>DESCRIPTION</b>
4611	Pharmaceutical Preparation
5190	Electrical Wiring - Bldg.
5191	Office Machine Installation
5606	Contractor - Supervisor
5645	Carpentry - Dwelling
8010	Store - Hardware
8013	Store - Jewelry
8017	Store - Retail NOC
8018	Store - Wholesale NOC
8292	Storage Warehouse NOC
8393	Auto Body Repair
8601	Engineer/Architect - Consulting
8800	Mailing or Addressing Company & Clerical
9501	Painting - Shop Only

# **NEW ACCOUNT SUBMISSION**

## **New Account Submission Process**

1. Completed applications (ACCORD and Supplement) sent to FutureComp 30 days prior to insured's effective date.
2. FutureComp determines Estimated Annual Premium, based upon payroll information and applicable experience modification.
3. FutureComp analyzes past loss experience.
4. Expected Loss Ratio is developed, using class code information and loss analysis. On site visit to prospective customers will be utilized as necessary.
5. Utilizing indications from the CBIA broker etc. regarding market competition, a quote will be developed. The premium should be sufficient to cover all administrative expenses, contain expected losses, and provide underwriting profitability.

## **CBIA Submission Requirements**

**The following must be submitted 30 days prior to insured's effective date:**

1. ACCORD application.
2. OSHA 300 logs for three years, including the current year.
3. Experience modification – rating worksheet
4. Currently valued loss runs for the current year and past four years including details on all losses and reserves over \$5,000.
5. Federal employer's identification number (FEIN).
6. Company brochures on insured's business or products.
7. Financial Information, i.e. annual report, income statement tax return (upon request).
8. Description of loss control measures in place including copies of safety programs and practices regarding return to work, injury management, managed care, and ADA compliance.

## Information Needed Prior to Policy Issuance

- ✓ Signed Managed Care Employer Participation Form.
  
- ✓ Signed CBIA membership application and payment of CBIA membership dues. See Appendix A for a copy of the CBIA Membership Application.
  
- ✓ Deposit Premium.

## Agent of Record Letter Procedures

On duplicate submissions, the first completed application received by CBIACSI will take priority and subsequent submissions will be declined. However, we will accept agent of record letters to take precedence on accounts under the following circumstances:

- The letter is on the applicant's stationery and is signed by an owner, partner or officer of the corporation.
  
- It is accompanied by a completed application, loss data and sufficient information to underwrite and quote the account.
  
- We will advise the first agent that an agent of record letter has been received, it is taking precedence, and allow ten business days for a rescinder.
  
- No multiple quotes will be allowed. Quotes will be provided for only one agent at any point in time.

# **MANAGED CARE**

## **MANAGED CARE**

As part of this program with CBIA, all members are required to join FutureComp/Genex Managed Care Program. An original Employer Participation Form must be filled out at the time of the deposit and sent to:

**Polly McGraw  
GENEX Services, Inc.  
440 East Swedesford Road, Suite 1000  
Wayne, PA 19087**

**(or send via fax to Polly McGraw at (877) 838-4131)**

The Managed Care Program cover letter and Employer Participation Forms follow on pages 20 – 24.

If you have any questions regarding this form, please call Steve Grahn at (800) 688-7256, extension 4250.



## Attention CBIA Agents and Policyholders

### Important Information Regarding Your Connecticut Workers' Compensation Benefits

**Dear CBIA Policyholder:**

As the new claims administrator for CBIA Comp Services, Inc., our goal is to provide a managed care program that results in delivering quality care to injured workers while controlling workers' compensation insurance program expenses. To accomplish this goal I am pleased to inform you that FutureComp has partnered with GENEX Services, Inc., a certified Managed Care Company in Connecticut.

GENEX Services will provide medical care plan services under the State of Connecticut Workers' Compensation Medical Care Plan statute. For Policyholders wishing to apply for approval to provide medical care and treatment for their injured employees by means of a Medical Care Plan under the Workers' Compensation Act. A **"Medical Care Plan Employer Participation Form"** has been attached for your review and completion.

**The attached Employer Participation Form must be completed and returned via mail to:**

**Polly McGraw  
GENEX Services, Inc.  
440 East Swedesford Road, Suite 1000  
Wayne, PA 19087**

**(or send via fax to Polly McGraw at 1-877-838-4131)**

All incomplete applications will be returned to the Policyholder. Please include all required attachments that must accompany the **Employer Participation Form**. GENEX will file the Employer Participation Form with the State of Connecticut Workers' Compensation Commission.

The PPO network is comprised of physicians and hospitals that are dedicated to the management of workers' compensation injuries and return-to-work goals. Additionally, GENEX will provide Provider Bill Review (PBR) according to applicable state statutes.

Should you have any questions, please contact me at (800) 688-7256, extension 4250.

Very truly yours,

Steve Grahn  
FutureComp Claims Manager

**CBIA Comp Services and FutureComp Claims Administrators**  
**GENEX Services, Inc., Connecticut Workers' Compensation Medical Care Plan**  
**Employer Participation Form**

The State of Connecticut allows employers to establish a workers' compensation medical care plan to coordinate the delivery of quality, cost-effective medical care. In accordance with this law, GENEX Services, Inc., has filed a workers' compensation managed care plan to meet that end and is partnered with FutureComp to provide managed care to employers electing this workers' compensation service.

**Employer:** \_\_\_\_\_

**Nature of Business:** \_\_\_\_\_

**Principal Business Location:** \_\_\_\_\_

**Employer Telephone #:** \_\_\_\_\_ **Employer Fax #:** \_\_\_\_\_

**Employer Contact:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_ **Policy Effective Date:** \_\_\_\_\_

**Are Employees Represented by Collective Bargaining?**       **Yes**       **No**

**Claims Administrator:**      FutureComp

**Claims Office Location:**      100 Great Meadow Road, Suite 300, Wethersfield, CT 06109

**Account Service Director:**      Tony Szwez      **Claims Office Phone:**      (800) 443-6252

**The employer:**

- ❖ Is going to participate in and adopt the medical care plan filed by GENEX Services and will provide senior management support, cooperation and participation in the implementation of the medical care plan;
- ❖ Will make every effort to notify FutureComp by telephone of any work-related injury or illness within one (1) business day of becoming aware of an injury or illness;
- ❖ Certifies that participation in the medical care plan is not inconsistent with any collective bargaining agreement currently in effect and a copy of any applicable collective bargaining agreement will be made available to the Chairman of the Workers' Compensation Commission upon request;
- ❖ Will participate, in conjunction with GENEX and FutureComp, as applicable, education programs regarding the medical care plan, including educating employees regarding the fact that failure to use a plan provider could result in denial of medical benefits and suspension of lost wage benefits;
- ❖ Will take an active role in directing injured and ill employees where to receive treatment by making plan provider lists available at work sites and referencing network directories. Will collaborate with GENEX case management to communicate with injured and ill workers, while they are out of work due to their injury or illness, in an effort to return these workers to modified duty or full duty when appropriate;
- ❖ If employing 25 or more employees, will establish a Labor/Management Safety Committee (copy of program attached);
- ❖ If employing 50 or more employees, will administer a program to identify and make available, whenever possible, temporary modified duty for workers determined by plan providers to have work capacity (copy of policy to be attached).

**Employer Representative Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mail completed form to:**      **Polly McGraw**      **(or fax to Polly McGraw at 877-838-4131)**  
   **Medical Care Plan**  
   **GENEX Services, Inc.**  
   **Suite 1000**  
   **440 East Swedesford Road**  
   **Wayne, PA 19087**

**All employers who wish to participate must complete Page 1**

**Also complete this page only if you employ 25 or more employees**

**CBIA Comp Services, Inc., and FutureComp Claims Administrator/  
GENEX Services, Inc., Connecticut Workers' Compensation Medical Plan**

We employ twenty-five (25) or more workers. The Safety Committee has equal labor/management representation. The safety program will be maintained in compliance with Safety and Health Committee Regulation 31-40v- 1 through 31-40v- 1 1 of the Connecticut General Statutes. Meetings are scheduled at least quarterly. Written documentation of all meetings is maintained and will be made available to the Chairman of the Workers' Compensation Commission, or his designee, upon request. Employee representatives to the Safety Committee are compensated at their regular wage (as appropriate) while engaged in safety committee training or attending committee meetings.

Duties and functions of the committee include, but are not limited to:

1. Property Inspection
2. Safety and Accident Review
3. Prevention and Planning Programs

Training for Labor/Management Safety Committee members is ongoing.

The Labor/Management Safety Committee membership is listed on the back of this form.

**Employer Representative Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mail completed form to:** Polly McGraw  
GENEX Services, Inc.  
440 East Swedesford Road  
Suite 1000  
Wayne, PA 19087

(or fax to Polly McGraw at 877-838-4131)

## Labor/Management Safety Committee

**Members:** (equal number of members in labor and management)

**Name:** \_\_\_\_\_ Circle One  
Mgmt./Labor

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ Circle One  
Mgmt./Labor

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ Circle One  
Mgmt./Labor

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ Circle One  
Mgmt./Labor

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ Circle One  
Mgmt./Labor

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ Circle One  
Mgmt./Labor

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ Circle One  
Mgmt./Labor

**Address:** \_\_\_\_\_

**Also complete Page 2 only if you employ 25 or more employees**

**You must complete this page if you employ 50 or more employees**

**All employers are encouraged to develop and maintain a Return-to-Work Program.**

**CBIA Comp Services, Inc., and FutureComp Claim Administrators  
GENEX Workers' Compensation Medical Care Plan  
Employer Participation Form**

**Return-to-Work Policy**

This company will work with GENEX case management program and FutureComp's Claim Administrators to identify and make available, whenever possible, appropriate temporary modified duty for workers determined by GENEX medical care plan providers to have work capacity.

This company will work with GENEX, FutureComp and CBIA Comp Services, Inc., on an ongoing basis to evaluate and enhance temporary modified duty programs and promote a "working" mentality and environment for its employees (documentation of any existing temporary modified duty policy to be attached).

**Employer:** \_\_\_\_\_

**Employer Representative Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mail completed form to:** Polly McGraw  
GENEX Services, Inc.  
440 East Swedesford Road  
Suite 1000  
Wayne, PA 19087

(or send via fax to Polly McGraw at 1-877-838-4131)

# **DIVIDEND PROGRAM**

## **CBIA COMP. SERVICES, INC. LOSS SENSITIVE DIVIDEND PROGRAM**

The current program is based on rates that provide upfront discounts which are competitive with other insurance alternatives and which guarantee savings to a large segment of the program participants. Accordingly, dividends are not expected to be paid in most insurance years. However, the Board of Directors of CBIA Comp Services, Inc. may declare a dividend for a given insurance year. If a dividend is declared, it will be distributed to the members of that insurance year in a loss sensitive manner. In general, CBIACSI and its actuaries will determine the breakeven loss ratio for that year. Members with a loss ratio above the breakeven point will not receive a dividend. Members with a loss ratio below the breakeven point will receive a distribution which takes into consideration their premium and losses for that period.

# **LOSS CONTROL SERVICES**

# LOSS CONTROL SERVICES

A Loss Control Representative will contact members on an annual basis to offer loss control assistance. This contact may be either via telephone, letter, fax, or e-mail.

Service will focus on an initial evaluation of member safety programs that exist, internal operations that support the program, historical loss data and trends. FutureComp Loss Control Consultants will communicate with the CBIA member and begin to design a personalized approach to loss prevention.

All programs are customized to the individual members needs. Listed below is a sample of available services.

- Assessment of existing safety programs.
- Assistance with OSHA citations and visits.
- Audit loss information to determine accident trending and root cause identification.
- Conduct Job Safety Analysis (JSA).
- Design and conduct safety related workshops for clients.
- Design company specific safety manual.
- Develop engineer service instructions for stronger communication between the client and the insurance provider.
- Development and implementation of fleet safety programs.
- Development and implementation of safety programs.
- Ergonomic workstation assessments.
- Implementation and organization of safety committees.
- Perform safety /property audits.
- Provide assistance in organizing safety activities for multiple site/state locations.
- Provide ongoing technical information/support for safety related exposures and concerns.

# Sample Workshops

- Accident Avoidance
- Accident Investigations and Root Cause Identification
- Contaminated Materials
- Computer Ergonomics
- Conducting Safety Audits
- Confined Space Entry
- Dealing with Shift Work and Fatigue
- Driving Safety
- Emergency First Aid and CPR (Not a Certification Class)
- Electrical Safety
- Emergency Response/Action Plan
- Ergonomics
- Establishing a Safety Culture
- Fall Protection
- Fleet Safety
- Foot Safety
- Forklift Safety
- Ground Fault Interruptions (GFCI)
- Hand and Power Tool Safety
- Hazard Communication & Right to Know Laws
- Hazard Assessment and Job Safety Analysis (JSA)
- Hearing Conservation Program
- Hot Work Permits
- How to Survive an OSHA Audit
- Ladder Safety
- Lead and Lead-Based Paint Hazards
- Lifting and Your Back
- Machine Guarding
- Material Handling (Lifting/Bending/Carrying Objects)
- Noise Prevention
- Office Safety

- OSHA and You - Are You Ready!!!
- OSHA 300 Log - Reporting and Recordkeeping
- Personnel Protection Equipment (PPE)
- Recognizing Silica Exposures
- Repetitive Motion Injuries
- Risks in Buildings
- Safety Audits
- Safety Meetings - The How, Why and When
- Safety and Scaffolds
- Safety and Health in the Office Environment
- Sexual Harassment
- Slips and Falls – Weather Related or Not
- Stress Management- Are You Ready?
- Traffic Safety and You
- Vehicle Safety and Winter Driving Safety
- Workplace Injuries and the Teen Worker
- Workplace Violence

## **Ongoing Loss Control Services**

Continuing service may include components of:

- Injury data analysis so that the Loss Control Representative can target specific operations, processes or activities and develop meaningful prevention strategies.
- On-site service to identify hazards and discuss options for corrective action.
- Loss Control surveys are intended to help members identify potential hazards that may lead to employee injuries. A Loss Control Consultant identifies regulatory compliance problems, conducts a comprehensive evaluation from a physical and procedural standpoint, and provides immediate consultation and feedback on the results of the survey before leaving the client's premises.

# COMMISSIONS

# Commissions

Please contact Todd Kaupin at FutureComp, (800) 688-7256 extension 4289, for a complete description of the commission plan.

## **Commission Payments:**

Commissions are paid at the end of each month. A monthly statement is sent showing premiums that have been paid and commission due. Payment of the commission is by check or direct deposit.

To sign up for direct deposit please contact Mary Bergamo at (860) 244-1911.

## **Return Premiums:**

When there is a return premium due to an audit, cancellation, etc, the commission associated with the return is due back. Note we may offset that receivable against future commissions or bill your agency.

**We Look Forward to Assisting You With Your  
Workers' Compensation Program.**

**Thank You.**