

Submission of California Aggregate Data

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Notice

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I. Introduction

The Submission of California Aggregate Data (SCAD) Program was adopted to encourage insurers and insurer groups (hereafter collectively referred to as “insurers”) to submit timely, accurate and complete aggregate financial data to the Workers’ Compensation Insurance Rating Bureau of California (WCIRB) inasmuch as this data underlies the pure premium rates developed by the WCIRB and submitted to the California Department of Insurance (CDI) for approval.

Under this Program, insurers are subject to financial assessment and other administrative action for failure to submit accurate, complete and verifiable data in a timely manner or failure to respond to data inquiries in a timely manner. For purposes of administering this Program, a SCAD Program Year is defined as commencing April 16 of a given calendar year and ending on April 15 of the following calendar year.

II. Application

The following WCIRB aggregate data calls are subject to the SCAD Program:

- A. Data Call for Direct California Workers’ Compensation Experience – Quarterly
- B. Data Call for Direct California Workers’ Compensation Experience – Expense Information
- C. Data Call for Direct California Workers’ Compensation Experience – Aggregate Indemnity and Medical Costs
- D. Data Call for Direct California Workers’ Compensation Data – Large Deductible Experience
- E. WCIRB Financial Call Data Certification
- F. Data Call for Direct California Workers’ Compensation Experience (Abridged) – *for insurers not required to submit Calls A through E listed above*
- G. Long-Term Loss Development Survey

III. Submission of Data Calls and Inquiry Responses

A. Data Call Submissions

1. Timeliness

- a. A data call submission will be deemed to be complete¹ if and only if:
 - i. it has been successfully submitted via the eSCAD[®] application² (hereafter referred to as “eSCAD”); or
 - ii. a non-eSCAD submission has been submitted which uses the format prescribed in the corresponding data call packet and in accordance with the data call instructions contained therein. The date of receipt of the last of the required information will be considered the receipt date of the data call submission for the purposes of this Program.
- b. A data call submission will be deemed timely if and only if it is complete and:
 - i. it is received by the WCIRB on or before its due date;³
 - ii. the insurer has proof of email or facsimile transmission of the data call submission on or before its due date;

¹ Clearly erroneous or inappropriate data submitted for the purpose of meeting the scheduled due date will be considered incomplete.

² eSCAD[®] is the WCIRB’s web-based data call reporting application.

³ Due dates for all data call submissions required for the entire year are provided to each insurer with each fourth quarter evaluation of the *Data Call for Direct California Workers’ Compensation Experience – Quarterly* packet.

- iii. the insurer has proof of first class mailing (i.e., certified or registered mail receipt) of the data call submission at least 5 business days prior to the due date;
 - iv. the insurer has a receipt of express mail or private courier service of the data call submission at least one business day prior to the due date; or
 - v. the insurer has proof of successful submission via eSCAD on or before the due date of the call.
- c. A data call submission which is not complete and timely will subject the insurer to an assessment pursuant to paragraph 4 below.

2. Notification of Receipt of Data Call Submission

- a. Within 5 business days of receipt of a non-eSCAD data call submission, the WCIRB will notify the insurer (1) of the date the data call submission was received or (2) that the submission was incomplete. If applicable, the notification of receipt will also include the number of business days that the data call submission was delinquent.⁴
- b. If a data call submission has not been received by the WCIRB within 5 business days following its due date, the WCIRB will issue a "delinquency notice" to the insurer. A delinquency notice will be sent at regular intervals thereafter until such time as the data call is submitted.

3. Processing Charge for Submissions

An insurer is subject to the following assessment to encourage electronic means of data submissions:

- a. A \$250 processing charge will be levied for each original submission and revision of the following data calls, which are available for reporting via eSCAD, if these calls are not submitted via eSCAD:
 - i. Data Call for Direct California Workers' Compensation Experience – Quarterly
 - ii. Data Call for Direct California Workers' Compensation Experience – Expense Information
 - iii. Data Call for Direct California Workers' Compensation Experience – Aggregate Indemnity and Medical Costs
 - iv. Data Call for Direct California Workers' Compensation Data – Large Deductible Experience
- b. A \$100 processing charge will be levied for each original submission and revision of the Data Call for Direct California Workers' Compensation Experience (Abridged), which is available for reporting via eSCAD, if this call is not submitted via eSCAD.
- c. A \$100 processing charge will be levied for each original submission and revision of the Long-Term Loss Development Survey if not submitted electronically in conformity with the template and instructions provided by the WCIRB.

4. Assessment for Failure to Submit a Data Call on a Timely Basis⁵

An insurer is subject to the following assessment for each data call submission which is not timely:

⁴ Insurers are encouraged to keep a copy of each WCIRB notification of receipt.

⁵ A brief extension to the due date may be granted under special circumstances, provided the request for an extension is made, in writing, by the insurer to the WCIRB on or before the due date of the call. All extensions are subject to written pre-approval by WCIRB staff on a case-by-case basis. If an approved extended due date for a data call is not adhered to, the insurer will be subject to delinquency assessments accruing from the original due date of the call.

- a. Insurers with less than 1% of the total California workers' compensation insurance market (based on the latest available complete calendar year written premium at the approved advisory pure premium rate level as of the inception of the SCAD Program Year):

- i. \$150 per business day for the first 10 business days beyond the due date; and
- ii. \$300 per business day beginning with the 11th business day beyond the due date (if applicable).

Example

For an insurer with less than 1% of the market, the assessment for a data call submission that is received 15 business days after its due date will be \$3,000 [(10 x \$150) + (5 x \$300)].

- b. Insurers with 1% or more of the total California workers' compensation insurance market (based on the latest available complete calendar year written premium at the approved advisory pure premium rate level as of the inception of the SCAD Program Year):

- i. \$250 per business day for the first 10 business days beyond the due date; and
- ii. \$500 per business day beginning with the 11th business day beyond the due date (if applicable).

Example

For an insurer with 1% or more of the market, the assessment for a data call submission that is received 15 business days after its due date will be \$5,000 [(10 x \$250) + (5 x \$500)].

- iii. The WCIRB will notify the CDI in writing if a complete data call submission is not received within 30 calendar days of the required submission date.

5. Assessments for Basic Edit Failures⁶

If a data call submission fails one or more Basic Edits, the insurer will be subject to a one-time assessment of \$500 for each Basic Edit failure.

Example

The one-time assessment for a data call submission that fails three basic edits will be \$1,500 (3 x \$500).

B. Data Call Inquiry Responses

1. Data Call Inquiries

If the data submitted fails one or more Basic Edits or Actuarial Edits for which a satisfactory response was not provided with the data call submission,⁷ a written inquiry will be sent to the insurer. Unless otherwise specified, a complete and satisfactory response to a data call inquiry must be received by the WCIRB no later than 10 business days after the

⁶ Basic Edit failures normally result from (a) the inability of the WCIRB to process the data submitted, (b) errors or omissions in the data submitted, or (c) inconsistencies between information reported on the subject call and information reported by the insurer on other data call submissions. A list of Basic Edits is available from the WCIRB.

⁷ Actuarial Edits identify situations requiring an explanation or further investigation to verify the accuracy and reasonableness of the data submitted by the insurer. Actuarial Edit failures normally arise as a result of (a) significant changes from prior call submissions, (b) unusual development patterns, and (c) figures which exceed normal tolerances. A list of Actuarial Edits is available from the WCIRB.

date of the WCIRB's inquiry.⁸ To the extent that a complete and satisfactory response to a data call inquiry is not received within the timeframe specified, assessments will accrue in accordance with paragraph 4 below – Failure to Respond to a Data Call Inquiry on a Timely Basis.

2. Voluntary Resubmission Inquiries

If an insurer voluntarily resubmits a data call which raises issues regarding the accuracy of the information reported to the WCIRB on other data call submissions, a written inquiry will be sent to the insurer with respect to such other data call submissions. An inquiry initiated pursuant to this paragraph will be subject to the same treatment as an inquiry initiated pursuant to paragraph 1 above – Data Call Inquiries.

3. Notification of Receipt of Response to Inquiry

Within 5 business days of receipt of a response to an inquiry, the WCIRB will notify the insurer (a) of the date the inquiry response was received or (b) that the inquiry response was incomplete. If applicable, the notification will also include the number of business days that the inquiry response was delinquent.⁹ If an inquiry response has not been received by the WCIRB by the 5th business day following its due date, the WCIRB will provide the insurer with a "delinquency notice." Delinquency notices will be sent at regular intervals thereafter until such time as a complete and satisfactory response is received.

4. Failure to Respond to a Data Call Inquiry on a Timely Basis

Unless specified otherwise in the inquiry, responses must be received by the WCIRB no later than 10 business days after the date of the WCIRB's inquiry to the insurer. Failure to respond by the due date with (a) accurate corrected call(s), (b) accurate corrected unit statistical report(s), or (c) a complete and satisfactory explanation, will subject the insurer to a \$250 assessment per business day beyond the specified business day allowance for responding to the inquiry, and could result in the insurer's data being excluded from the WCIRB's pure premium rate filing (see Section IV).¹⁰ For insurers writing 1% or more of the total California workers' compensation insurance market (based on the latest available complete calendar year written premium at the approved advisory pure premium rate level as of the inception of the SCAD Program Year), the CDI will be notified of the specifics of the unresolved inquiry if the inquiry is not resolved within 30 calendar days from the commencement of the assessments.

C. Maximum Annual Assessment Limitation

Assessments levied pursuant to this section for a given SCAD Program Year will be limited to the larger of (a) \$50,000 or (b) 0.1% (0.001) of the insurer's written premium at the approved advisory pure premium rate level for the calendar year immediately preceding the inception of the SCAD Program Year.¹¹

⁸ A response to a Basic Edit inquiry must be in the form of a corrected data call submission, while a response to an Actuarial Edit inquiry can be in the form of a corrected data call submission or a written explanation as to the reason the information being queried is accurate.

⁹ Insurers are encouraged to keep a copy of this notification of receipt for their records.

¹⁰ In special circumstances, reasonable extensions to the due date may be granted, provided the request for an extension is made, in writing, by the insurer to the WCIRB on or before the due date. All extensions are subject to written pre-approval by WCIRB staff on a case-by-case basis. If an approved extended due date for an inquiry response is not adhered to, the insurer will be subject to delinquency assessments accruing from the original inquiry response due date.

¹¹ If complete and accurate information on the insurer's California workers' compensation calendar year (January 1 to December 31) written premium at the advisory pure premium rate level is not available or has not been certified as to its accuracy on the *WCIRB Financial Call Data Certification* submitted by the insurer, assessments will be based on the WCIRB's estimate of this amount.

IV. Data Excluded from a Pure Premium Rate Filing

If a data call submission is inaccurate, incomplete or not verifiable such that inclusion of the submitted data in the WCIRB's pure premium ratemaking database could significantly impact the accuracy of the WCIRB's pure premium rate filing indication, the data submission is subject to exclusion from the WCIRB's pure premium rate filing. Unless modified by the WCIRB Governing Committee, an insurer whose data is excluded from the WCIRB's pure premium rate filing pursuant to this provision is subject to the following:

A. Remediation Plan – Approval by the WCIRB President

Representatives of the insurer's senior management shall be required to meet with the WCIRB President and, as appropriate, CDI representatives, no later than 30 calendar days following submission of the WCIRB's pure premium rate filing to the CDI to explain the insurer's failure to submit reliable data in response to WCIRB data calls. No later than 30 calendar days after the date of the meeting, the insurer shall submit to the WCIRB a remediation plan, which will lead to restoration of the insurer's data reporting accuracy to an acceptable level, for approval by the WCIRB President. The remediation plan shall include:

1. an explanation of the insurer's failure to submit accurate, complete and verifiable data;
2. the process to be used by the insurer to remedy its data reporting deficiencies;
3. the specific timeframes for resolving the data reporting deficiencies and submitting accurate, complete and verifiable data to the WCIRB;
4. the procedures to be undertaken by the insurer to validate the accuracy of the data;
5. a list of the data calls required by the WCIRB President to be submitted;
6. milestones against which the insurer's progress in complying with the remediation plan can be measured by the WCIRB; and
7. an agreement that the insurer shall pay all assessments levied pursuant to this section within 30 calendar days of the date of the invoice.

A copy of the remediation plan may be presented to the WCIRB Governing Committee and the CDI for review prior to approval.

B. Special Assessments

1. Individual Data Call Assessment

For each data call required by the WCIRB President to be submitted pursuant to Subsection A above, the insurer will be subject to the following assessment:

- a. Insurers with less than 1% of the total California workers' compensation insurance market (based on the latest available complete calendar year written premium at the approved advisory pure premium rate level as of the inception of the SCAD Program Year):
 - i. \$150 per business day for the first 10 business days beyond the original due date of the data call; and
 - ii. \$300 per business day beginning with the 11th business day beyond the original due date of the data call.
- b. Insurers with 1% or more of the total California workers' compensation insurance market (based on the latest available complete calendar year written premium at the approved advisory pure premium rate level as of the inception of the SCAD Program Year):
 - i. \$250 per business day for the first 10 business days beyond the original due date of the data call; and

- ii. \$500 per business day beginning with the 11th business day beyond the original due date of the data call.
- c. This assessment will commence 30 calendar days after the date of the WCIRB's letter notifying the insurer that its data has been excluded from the WCIRB's pure premium rate filing, and continue until such time as the required data calls have been submitted and determined by the WCIRB to be complete, accurate and verifiable.¹²
- d. Assessments levied pursuant to this paragraph for a given SCAD Program Year will be limited to the larger of (i) \$50,000 or (ii) 0.1% (0.001) of the insurer's California workers' compensation written premium at the approved advisory pure premium rate level for the calendar year immediately preceding the inception of the SCAD Program Year.¹³

Example

If an insurer with a market share greater than 1% had ten data calls required by the remediation process, the insurer would incur individual data call assessments of \$5,000 (10 calls x \$500 per call) per business day beginning 30 calendar days after the WCIRB's notification letter advising the insurer that its data has been excluded from the WCIRB's pure premium rate filing. These assessments would continue until such time as the WCIRB determines that all of the insurer's data submitted pursuant to the approved remediation plan is complete, accurate and verifiable. If the insurer's California workers' compensation written premium at the approved advisory pure premium rate level in the latest available complete calendar year was \$500 million, then the total amount of these assessments in the SCAD Program Year would be limited to an annual maximum of \$500,000.

2. Supplemental Assessment

In addition to the individual data call assessment specified in paragraph 1 above, a daily supplemental assessment equal to 1/2000 of 1% (0.000005) of the insurer's California workers' compensation written premium at the approved advisory pure premium rate level for the calendar year immediately preceding the inception of the SCAD Program Year,¹⁴ subject to a minimum of \$500 per business day and a maximum of \$5,000 per business day, shall be levied. This daily supplemental assessment will commence as of the date of the WCIRB's letter notifying the insurer that its data has been excluded from the WCIRB's pure premium rate filing, and continue until such time as (a) the required data calls have been submitted and determined by the WCIRB to be complete, accurate and verifiable or (b) this assessment is superseded by a daily supplemental assessment levied pursuant to Subsection C, paragraph 3 or Subsection D, paragraph 2.

Assessments levied pursuant to this paragraph are not subject to any maximum annual limitation.

Example

An insurer with California workers' compensation written premium at the approved advisory pure premium rate level in the latest complete calendar year of \$500 million would incur a supplemental assessment of \$2,500 per business day starting from the date of the

¹² If a data call is subject to assessment pursuant to this paragraph, it is not subject to assessment pursuant to Section III.

¹³ If complete and accurate information on calendar year (January 1 to December 31) written premium at the approved advisory pure premium rate level is not available or has not been certified as to its accuracy on the *WCIRB Financial Call Data Certification* submitted by the insurer, the special assessments will be based on the WCIRB's estimate of this amount.

¹⁴ If complete and accurate information on the insurer's California workers' compensation calendar year (January 1 to December 31) written premium at the approved advisory pure premium rate level is not available or has not been certified as to its accuracy on the *WCIRB Financial Call Data Certification* submitted by the insurer, the special assessments will be based on the WCIRB's estimate of this amount.

WCIRB's notification letter advising the insurer that its data has been excluded from the WCIRB's pure premium rate filing, and continuing until such time as the WCIRB determines that all of the insurer's data submitted pursuant to the approved remediation plan is complete, accurate and verifiable.

C. Failure to Submit or Comply with Remediation Plan Approved by WCIRB President

If the insurer fails to receive approval of a remediation plan from the WCIRB President within the time frame specified in Subsection A, or if the WCIRB President determines that the insurer is unable or unwilling to comply with the terms of the remediation plan approved by the WCIRB President, the insurer will be notified that it is being referred to the WCIRB Governing Committee. An insurer which is referred to the WCIRB Governing Committee will be subject to the following:

1. Representatives of the insurer's senior management will be required to meet with the WCIRB Governing Committee at its next meeting to explain (a) the insurer's failure to submit reliable data in response to WCIRB data calls and (b) its inability to remediate the situation in an acceptable manner. The insurer shall also be required to submit a remediation plan which meets the criteria specified in Subsection A for approval by the WCIRB Governing Committee.
2. The individual data call assessment specified in Subsection B, paragraph 1 will continue to be levied subject to the applicable annual maximum limitation specified therein.
3. A daily supplemental assessment equal to 1/500 of 1% (0.00002) of the insurer's total California workers' compensation written premium at the approved advisory pure premium rate level for the calendar year immediately preceding the inception of the same SCAD Program Year as referenced in Subsection B,¹⁵ subject to a minimum of \$2,000 per business day and a maximum of \$20,000 per business day, shall be levied.

The daily supplemental assessment specified in this paragraph will commence as of the date the insurer was notified that it was being referred to the WCIRB Governing Committee, and will continue to be levied until such time as (a) the required data calls are submitted and determined by the WCIRB to be complete, accurate and verifiable, or (b) a daily supplemental assessment is levied pursuant to Subsection D, paragraph 2.

These supplemental assessments are not subject to any maximum annual limitation.

Example

An insurer with California workers' compensation written premium at the pure premium rate level in the latest complete calendar year of \$500 million would incur a supplemental assessment of \$10,000 per business day starting from the date of the WCIRB's notification letter advising the insurer that it is being referred to the Governing Committee, and continuing until such time as the WCIRB determines that all of the insurer's data submitted pursuant to the approved remediation plan is complete, accurate and verifiable or it is superseded by a higher supplemental assessment levied pursuant to WCIRB Governing Committee action.

4. The WCIRB Governing Committee may impose any additional lawful disciplinary action it deems necessary, reasonable, or appropriate to encourage the insurer's implementation of adequate remedial measures, including but not limited to reporting the insurer to the California Insurance Commissioner and/or requiring an onsite audit, by an independent

¹⁵ If complete and accurate information on the insurer's California workers' compensation calendar year (January 1 to December 31) written premium at the approved advisory pure premium rate level is not available or has not been certified as to its accuracy on the *WCIRB Financial Call Data Certification* submitted by the insurer, the special assessments will be based on the WCIRB's estimate of this amount.

auditor and at the insurer's expense, of the insurer's systems with respect to the data referenced in the remediation plan.

D. Failure to Submit or Comply with Remediation Plan Approved by WCIRB Governing Committee

If the insurer fails to receive approval of a remediation plan by the WCIRB Governing Committee within 90 calendar days after the date it was notified of its referral to the Governing Committee, or if the WCIRB President determines that the insurer is unable or unwilling to comply with the terms of the remediation plan approved by the Governing Committee, the insurer will be notified that it is being reported to the California Insurance Commissioner for its failure to submit reliable data in response to WCIRB data calls. An insurer reported to the California Insurance Commissioner will be subject to the following:

1. The individual data call assessment specified in Subsection B, paragraph 1 will continue to be levied subject to the applicable annual maximum limitation specified therein.
2. A daily supplemental assessment equal to $\frac{1}{250}$ of 1% (0.00004) of the insurer's total California workers' compensation written premium at the approved advisory pure premium rate level for the calendar year immediately preceding the inception of the same SCAD Program Year as referenced in Subsection B,¹⁶ subject to a minimum of \$4,000 per business day and a maximum of \$40,000 per business day, shall be levied.

The daily supplemental assessment specified in this paragraph will commence as of the date the insurer was notified that it was being cited to the California Insurance Commissioner, and will continue to be levied until such time as (a) the required data calls are submitted and determined by the WCIRB to be complete, accurate and verifiable or (b) the California Insurance Commissioner undertakes an administrative action against the insurer that supersedes the action being undertaken by the WCIRB.

These supplemental assessments are not subject to any maximum annual limitation.

Example

An insurer with California workers' compensation written premium at the pure premium rate level in the latest complete calendar year of \$500 million would incur a supplemental assessment of \$20,000 per business day starting from the date of the WCIRB's notification letter advising the insurer that it is being cited to the California Insurance Commissioner, and continuing until such time as the WCIRB determines that all of the insurer's data submitted pursuant to the approved remediation plan is complete, accurate and verifiable or the California Insurance Commissioner takes action that supersedes the action being undertaken by the WCIRB.

E. Subsequent Exclusion of Data from a Pure Premium Rate Filing

Once an insurer is successful in complying with the terms of an approved remediation plan, it must continue to submit data which is appropriate for inclusion in pure premium rate filings for an additional three years. If at any time during that three-year period the insurer's data submission is inaccurate, incomplete or not verifiable such that inclusion of its submitted data in the WCIRB's pure premium ratemaking database could significantly impact the accuracy of the WCIRB's pure premium rate filing indication, then (1) the data submission is subject to exclusion from the WCIRB's pure premium rate filing and (2) the insurer will be subject to financial assessment and other administrative action pursuant to this section to the same extent as it would otherwise be if it had failed to comply with its most recently approved

¹⁶ If complete and accurate information on the insurer's California workers' compensation calendar year (January 1 to December 31) written premium at the advisory pure premium rate level is not available or has not been certified as to its accuracy on the *WCIRB Financial Call Data Certification* submitted by the insurer, the special assessments will be based on the WCIRB's estimate of this amount.

remediation plan, with the exception that financial assessments will apply as of the date the insurer is notified that its data has again been excluded from a WCIRB's pure premium rate filing.

V. Inaccurate Data Included in One or More WCIRB Pure Premium Rate Filings

If it is determined that one or more of an insurer's data call submissions included in the most recent WCIRB pure premium rate filing or a WCIRB rate filing made within four years of the most recent rate filing was inaccurate, the insurer is subject to a special assessment of \$50,000 for each WCIRB rate filing made during the specified four-year period that would have been impacted by 0.5 of a percentage point or more had the inaccurate data been reported correctly.

The special assessment is subject to a reduction of 50% if the insurer voluntarily notifies the WCIRB of the data inaccuracy.

Example

The special assessment for an insurer who voluntarily notified the WCIRB of a data reporting inaccuracy which impacted five pure premium rate filings made within the specified four-year period - each by at least 0.5 of a percentage point - would be computed as follows:

1. *Pre-Adjusted Special Assessment: \$250,000 (5 x \$50,000)*
2. *Adjustment for Voluntary Reporting: 50%*
3. *Final Assessment \$125,000 (\$250,000 x 50%)*

VI. Assessment Status Reports

A. Submission of Data Calls and Inquiry Responses

A Status Report itemizing all assessments (if any) incurred by an insurer pursuant to Section III will be provided by the WCIRB no less frequently than on a quarterly basis.

B. Data Excluded from a Pure Premium Rate Filing

A Status Report itemizing all assessments (if any) incurred by an insurer pursuant to Section IV will be provided by the WCIRB no less frequently than on a monthly basis.

VII. Appeal Procedures

A. Assessments Levied Pursuant to Section III

An insurer may appeal a determination that a data call submission or an inquiry response was delinquent or incomplete, provided such appeal is submitted to the WCIRB no later than 30 calendar days after the date of the initial WCIRB notice that the data call submission or inquiry response was delinquent or incomplete. Appeal of an incomplete or delinquent data call submission should be accompanied by either the WCIRB notification letter or other documentation supporting the appeal. An appeal with respect to a delinquent inquiry response should be accompanied by proof of submission of the complete response by the due date specified in the WCIRB's notification letter.

The WCIRB will acknowledge an appeal within 15 calendar days of receipt. All appeals of assessments pursuant to Section III should be made in writing and sent to:

Workers' Compensation Insurance Rating Bureau of California
1221 Broadway, Suite 900
Oakland, CA 94612
Attention: Actuarial Department

or emailed to actuarial@wcirb.com.

Within 30 calendar days of receipt of an appeal, the WCIRB will provide additional information supporting the assessment charged or accept the insurer's appeal, in whole or in part. The 30 calendar-day timeframe may be extended by the WCIRB, if necessary, to resolve the appeal.

B. Assessments or Other Administrative Actions Taken Pursuant to Sections IV and V

An insurer may appeal an assessment or other administrative action taken pursuant to Sections IV or V to the WCIRB Governing Committee, provided such appeal is received by the WCIRB no later than 60 calendar days after the date of the WCIRB's initial notice that administrative action was being taken. The appeal should include a detailed explanation as to the reason the assessment or other administrative action being taken is inappropriate.

The WCIRB will acknowledge an appeal within 15 calendar days of receipt. All appeals of assessments or other administrative action pursuant to Sections IV or V of this program should be made in writing and sent to:

Workers' Compensation Insurance Rating Bureau of California
1221 Broadway, Suite 900
Oakland, CA 94612
Attention: WCIRB President



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