



## Guide to the ERM-6 Form— Workers Compensation Experience Rating for Self-Insureds

### General Information

- ERM-6 forms are used when a risk's coverage period is insured by a non-affiliate self-insurer or a non-affiliate carrier. In order for the data to be included in an experience rating, it must be submitted to NCCI in an approved format—the ERM-6 form.
- The non-affiliate self-insurer or non-affiliate carrier data will not be used to determine premium eligibility for experience rating.
- It is extremely important that all elements of the ERM-6 form be filled out completely, accurately, and legibly.
- Do not include affiliate unit data on the ERM-6 form. If affiliate unit data is to be commingled with the ERM-6 non-affiliate data, include these instructions with the submission of the ERM-6 form.
- NCCI does not store ERM-6 data, so it will need to be re-submitted each year until the non-affiliate data no longer fits in the experience period.

### Completing the Form

Key Element	Description
Risk Identification No.	A 9-digit number that NCCI assigns to each rated insured.
Effective Date of Rating	The first day of the rating period for an experience rating modification. This date is based on the effective date of the most current policy that ran a full year. For example, if last year's policy effective date was 7/1/2011, then the effective date of the experience rating would be 7/1/2012.
State of Coverage	The state for which the policy was written; this is not necessarily the state in which the insured is located.
Coverage Period (What Fits on a Rating)	<p>Generally, a rating contains three years of data. However, the experience period can be any length not to exceed 45 months. Do not include the year immediately prior to the effective date of the rating.</p> <p>For example, payroll and losses to be included on a 7/1/2012 rating are:</p> <p style="text-align: center;">7/1/2008–7/1/2009 7/1/2009–7/1/2010 7/1/2010–7/1/2011</p> <p>The 7/1/2011–7/1/2012 experience would not be included on an experience rating effective 7/1/2012.</p>
Payroll	It is not possible to have losses without payroll. All payroll amounts must be submitted in <b>whole dollars only</b> (e.g., correct: \$1; incorrect: \$1.25). Each payroll amount must have the appropriate class code assigned to it.
Claims	<p>Remember to fill out the Injury Type Code field for each claim, including whether the claim is open (O) or closed/final (F). Each claim amount must be submitted in whole dollars only.</p> <p>When consolidating small claims (\$2,000 or less), remember to specify whether they are Injury Type Code 5 or 6, and put an asterisk (*) in the Open/Closed column</p>
Signature on the Back of the Form	The signature <b>must</b> be from an officer of the insured or the Third Party Administrator (TPA).

## Request Requirements

- When submitting multiple pages of ERM-6 data, each page must include the following information printed at the top:
  - Risk Name
  - Risk ID Number
  - Effective Date of Rating
  - State of Coverage
  - Policy Effective Date and Policy Expiration Date
- Submit all information on the approved NCCI ERM-6 form. No other attachments can be accepted (e.g., loss runs or spreadsheets).
- If the insured has current coverage on file with NCCI, please provide a letter of authority on the current carrier's letterhead. If no current coverage is on file with NCCI, please include a \$75 payment via check, or provide the NCCI account and site numbers.
- Either fax the ERM-6 form to our Customer Service Center at 561-893-1191 or mail it to the following address:

ATTN CUSTOMER SERVICE DEPARTMENT  
NCCI HOLDINGS INC  
901 PENINSULA CORPORATE CIRCLE  
BOCA RATON FL 33487-1362



## ERM-6 Form in PDF Format

The ERM-6 form is available to our customers in a PDF document that can be updated. You can electronically enter Workers Compensation Experience Rating Information for Self-Insureds directly onto the form.

This is a filed and approved form. NCCI has protected the content in order to avoid any changes to the document. The form can only be printed; it cannot be saved to your system. **Please print a copy for your records.**

In order to access the online ERM-6 form, you'll need **Adobe® Reader®** installed on your computer. If you don't already have this software, you can download the latest version of **Adobe® Reader®** for free from [www.adobe.com](http://www.adobe.com).

### Helpful Hints for Completing the ERM-6 Form in the PDF Format

- In order to easily navigate through the form, use your **Mouse** or **Tab** key. (Please Note: The Enter key will bring you to the end of the form.)
- You can enter information in the allotted space provided on the form. **If the information you type exceeds the allotted space provided, then not all of the information will be viewed on the form.**
- You will need to print out the form in order to obtain the authorized signature of the person with authority to execute this agreement on behalf of the self-insured entity requesting the rating.

# EXAMPLE

**ERM-6 FORM**  
**WORKERS COMPENSATION EXPERIENCE RATING**  
**FOR NON-AFFILIATE DATA**  
*Effective 01 Dec 2003*

NAME OF RISK Any Insured

ADDRESS OF RISK 100 Main Street CITY Anywhere STATE FL

ZIP 33333 RISK IDENTIFICATION NO. 091 234 567 EFFECTIVE DATE OF RATING 7/1/2012

FEDERAL IDENTIFICATION NUMBER 123123123 STATE OF COVERAGE Florida

Coverage Period							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Effective Month/Day/Year	Expiration Month/Day/Year	Class Code	Payroll	Claim Identification Number Assigned	Injury Type Code	Open/Closed -Final (O/F)	Incurred Losses (Paid plus Reserves)
7/1/2008	7/1/2009	8810 4902	1,000,000 8,000,000	No. 1 1969 1986	6 5 5	* F O	50 20,000 32,000
7/1/2009	7/1/2010	8810 4902	1,500,000 10,000,000	No. 2 1954	6 5	* O	97 50,000
7/1/2010	7/1/2011	8810 4902	2,000,000 20,000,000	1994 No. 3 1971 1972 1978 1979	5 6 5 5 5 5	F * F O F O	20,500 141 1,000 5,000 10,000 15,000

PLEASE FOLLOW THE INSTRUCTIONS ON THE BACK PAGE FOR COMPLETING THIS WORKSHEET, AND RETURN IT TO NCCI PRIOR TO THE RATING EFFECTIVE DATE.

# EXAMPLE

NON-AFFILIATE FORMAT

## INSTRUCTIONS FOR SUBMITTING EXPERIENCE RATING DATA

PAYROLL AND LOSSES MUST BE ROUNDED TO THE NEAREST WHOLE DOLLAR.

- COLUMN 1 Fill in the effective month, day and year of the period for which information will be provided. A total of three years of experience can be included in the rating, not including the year immediately prior to the effective date of this rating. Each year’s payroll and losses should be listed separately.
- COLUMN 2 Fill in the expiration month, day and year of the period for which information will be provided.
- COLUMN 3 Fill in the NCCI classification codes(s) that best describes your type of business. If you have any questions regarding these classifications, please contact Customer Service at 800-NCCI 1-2-3.
- COLUMN 4 Fill in the payroll amounts associated with the classification code(s) for each year being reported.
- COLUMN 5 Provide the claim number used for internal record keeping should you desire this information on the modification worksheet. If claim numbers are not used for internal record keeping, leave column blank.
- COLUMN 6 Fill in the appropriate injury type code (see following list). Only one injury type code is applicable per claim. Medical only claims should be listed as a “6,” but claims that include both medical and disability or death benefits should be listed under the applicable disability or death code, such as “5” (Temporary Total or Temporary Partial Disability). Injury types must be noted for each entry.  
 1 = Death  
 2 = Permanent Total Disability  
 3 = Temporary Total or Temporary Partial Disability  
 4 = Death  
 5 = Medical Only  
 6 = Contract Medical or Hospital Allowance  
 7 = Permanent Partial Disability  
 8 = Permanent Total or Temporary Partial Disability  
 9 = Permanent Partial Disability
- COLUMN 7 Indicate whether the claim is open or closed/final by placing an O or F in the column.
- COLUMN 8 In Column 8, fill in the sum of incurred (paid plus reserved) losses per row. If no claims occurred, place a 0 in that space. Claims must be reported individually regardless of claim amount.

The experience rating will be completed in accordance with the NCCI *Experience Rating Plan Manual for Workers Compensation and Employers Liability Insurance*. However, because we do not verify the accuracy of the data submitted by non-affiliates, the modification factor will be issued with a disclaimer.

Name of the self-insured entity requesting the rating	Any Insured		
Name of the entity submitting the data (if different)			
Address	100 Main Street	City	Anywhere
State	Florida	Zip	33333
Phone	800-555-1212	Fax	888-555-1234
E-mail	Jdoe@anywhereins.com		

### AGREEMENT

We hereby certify that the information given in this report is correct to the best of our knowledge and belief. BY SUBMISSION OF THIS INFORMATION, WE REQUEST THAT NCCI PRODUCE EXPERIENCE MODIFICATION FACTORS ON EACH OF THE RISKS LISTED AND AGREE TO PAY THE FEES FOR THIS SERVICE. In consideration of NCCI’s agreement to produce the requested experience modifications, we release and discharge NCCI, its officers, directors, employees and agents from all liability (except for gross negligence) in connection with the production or application of the same.

The person signing this agreement certifies that he/she has the authority to execute this agreement on behalf of the self-insured entity requesting the rating. Authorized signers include the risk, the group self-insured and the TPA **ONLY**.

Signed “Please print form to include signature” Date June 20, 2012  
 Printed Name of Signer John Doe Title President & CEO

ERM-6 (Rev. 12/03)