

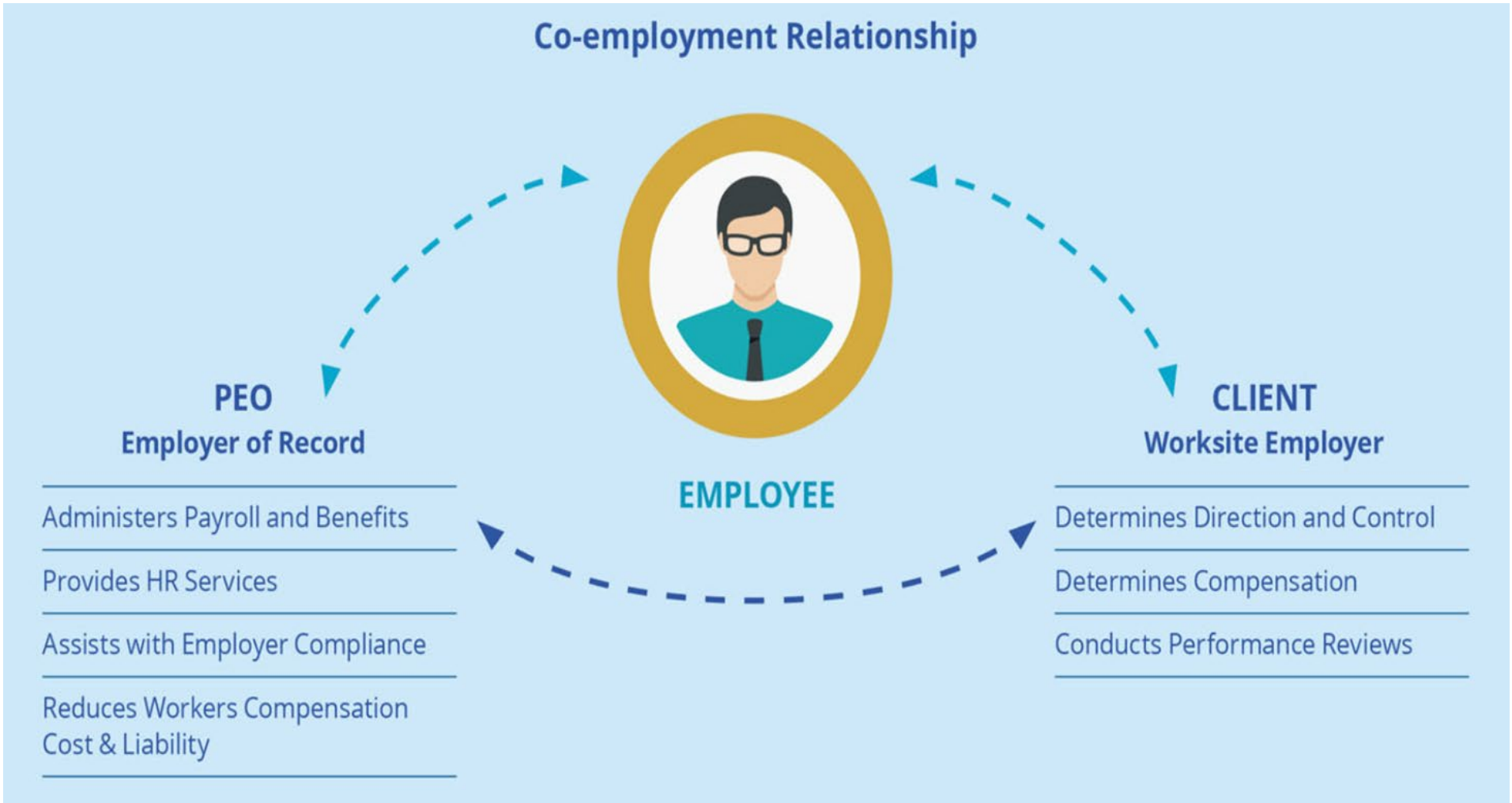


HealthPass NY PEO
powered by DecisionHR

2 Pathways – Exchange & PEO



Partners in Business



Diving into Workers' Compensation Agenda

- Understanding the Basics
- PEO vs The Traditional Market
- Information Needed to Quote

What is Workers' Compensation

- Covering Employees for Work related injuries
- Protects your business from law suits
- Compliance with State Regulations

What does Workers' Compensation Cover?

- Medical expenses
- Lost wages
- Ergonomic accommodations
- Possible Disability benefits
- Ongoing care costs

Most Common Workplace Injuries

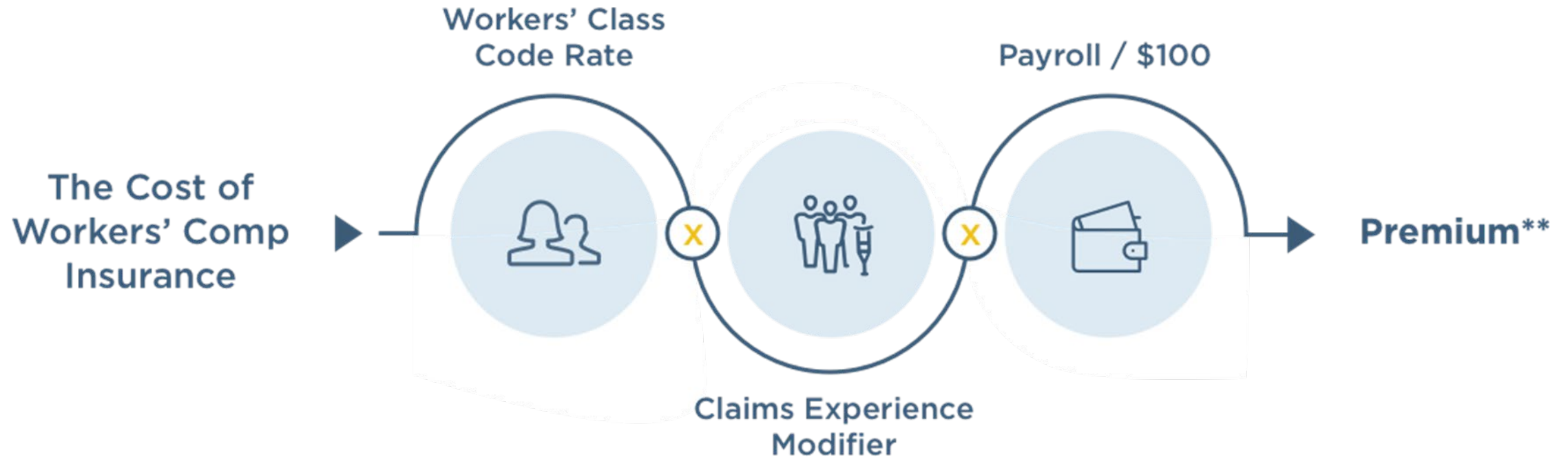
- Slips and falls, such as an employee sliding on ice outside your office or slipping on a wet floor.
- Improper lifting technique, which can cause an immediate injury or a repetitive stress injury, like tendinitis.
- Car accidents while your employees drive for business purposes.

Factors that Determine your WC Costs:

- Workers' class codes
- Number of employees
- Annual Payroll



How the Premium is Calculated



Traditional Marketplace vs. PEO

Traditional Workers Compensation

- Estimated payments
- Large down payments
- Policy only; No Risk Mgmt.
- Audits

PEO Workers Compensation

- Pay as you go
- No down payments
- Loss control & Claims Mgmt.
- No audits

DecisionHR's Workers' Comp Options

- 2 Carriers:
 - AIG
 - United Wisconsin
- Both A-Rated Carriers



DHRs Top Business Codes

- Construction
- Home Health Care
- Manufacturing
- Trade Services (Electricians/HVAC/Plumbers/Etc)
- Hospitality and Restaurants

Quoting for PEO Workers' Comp:

ACORD **WORKERS COMPENSATION APPLICATION** (Informational)

AGENCY NAME AND ADDRESS

COMPANY:
 INDUSTRY: _____
 APPLICANT NAME: _____
 OFFICE PHONE: _____
 MAILING ADDRESS (including ZIP + 4 for Domestic Postal Code): _____
 PHONE: _____
 FAX: _____
 E-MAIL ADDRESS: _____

PERSONNEL INFORMATION:
 NAME: _____
 TITLE: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____
 ZIP: _____

EMPLOYEE INFORMATION:
 FEDERAL EMPLOYEE NUMBER: _____
 SOCIAL SECURITY NUMBER: _____
 STATE EMPLOYEE NUMBER: _____
 FEDERAL EMPLOYEE NUMBER: _____

STATUS OF SUBMISSION:
 NEW POLICY: RENEW POLICY:
 ASSOCIATION (from ACORD 05): OBJECTIVE:
 BILLING PLAN: PAYMENT PLAN:
 ADJUSTING: ADJUSTING:

LOCATIONS:
 LOCAL: _____
 STATE: _____
 COUNTY: _____
 ZIP: _____

POLICY INFORMATION:
 PROPOSED DATE: _____
 PROPOSED DATE: _____
 WORKING EMPLOYEES: _____
 PART 1 - WORKERS COMPENSATION (from ACORD 04): _____
 PART 2 - EMPLOYER LIABILITY: _____
 PART 3 - OTHER COVERAGE: _____
 OTHER COVERAGE: _____
 OTHER COVERAGE: _____

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES:
 TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES: \$ _____
 TOTAL PREMIUM PREMIUM ALL STATES: \$ _____
 TOTAL SURPLUS PREMIUM ALL STATES: \$ _____

CONTACT INFORMATION:
 TYPE: _____ NAME: _____ OFFICE PHONE: _____ HOME PHONE: _____ E-MAIL: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

INDIVIDUALS INCLUDED / EXCLUDED:
 NAME: _____ DATE OF BIRTH: _____ TITLE: _____ POSITION: _____
 CLASS CODE: _____

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- Workers' Compensation
 - Acord 130 Application OR
 - Declaration page plus class codes
 - 5 year claims history



Takeaways

- We share in the responsibility of a safe working environment with the client
- The riskier the job the higher the cost
- Same money through group buying power

Thank you!