



Jay Reidsma <clerk@tuscaroratwp.com>

Work Comp Audits Information Needed

4 messages

MUM Inc. <mum@insuregov.com>

Tue, Feb 21, 2023 at 3:50 PM

To: "clerk@tuscaroratwp.com" <clerk@tuscaroratwp.com>

Cc: Adam G <adamg@muminc.net>

Hello Jay,

In preparation for our virtual meeting on March 22nd at 10am, following is the list of documents we will need to complete the audit forms.

- The township's tax ID number
- Quarterly 941 forms from 7/01/2020 to 7/01/2022
- List of all contractors who have performed work for the township
 - Description of work performed
 - Contracts, certificates etc for each contractor, if any
 - 1099 forms for each policy year
 - Amounts paid each contractor in year policy year
 - 7/1/2020 to 7/1/2021
 - 7/1/2021 to 7/1/2022
- List of employees for each policy year
 - Include name and title
 - Wages for each policy year's time frame
 - 7/01/2020 to 7/01/2021
 - 7/01/2021 to 7/01/2022

THIS AUDIT COVERED:

- ✓ 2020-21 *
- 2021-22 **

* TUSCARORA RECEIVED
refund of \$7822.00
FOR 2020-21 FY.

** TUSCARORA AVOIDED
SIMILAR \$9996 penalty or
NON-COMPLIANCE fee
FOR 2021-22.

With these documents we will be able to walk through the audit forms for each policy year and submit them to Accident Fund. In July 2023, we will repeat the process for the 2022 policy year. Please let me know if you have any questions on these items.

In the meantime, I hope you do enjoy your vacation or time off!

Thank you!

Colleen O. Stimley

Customer Service Representative

Municipal Underwriters of MI, Inc.

800-241-8398 • 989-422-6597 (Fax)

Workmans Comp

2022-23

Original Premium



AccidentFund UnitedHeartland CompWest ThirdCoast Underwriters

Invoice

June 6, 2022

Invoice Number 1000207019
Invoice Stream Premium
Account Number A010060838

Account
TUSCARORA TOWNSHIP OF
CHEBOYGAN COUNTY
PO BOX 220
INDIAN RIVER, MI 49749

Current Invoice Balance
Due Date

\$19,236.00
07/01/2022

Agency Information
Municipal Underwriters of Michigan
Inc.
PO Box 400
Houghton Lake, MI 48629-0400

800-241-8398

Payment Options

By Phone
866-206-5851

Electronic Payment
Accidentfund.com/
billing

Questions?

Accidentfund.com
866-206-5851
8:00 am - 8:00 pm EST, M-F

33608
we
101-101-937-00
RB

Mail payment coupon with your check to the address provided. Allow five days for delivery.

Invoice Number 1000207019
Account Number A010060838
Payment Due Date 07/01/2022
Payment Amount Due \$19,236.00
Amount Enclosed

Mail Payment To:
Accident Fund Insurance Company of America
P.O. Box 734928
Chicago, IL 60673-4928

734928 1000207019 A010060838 07012022 0001923600 5

REVISED Workmans
Accident Fund®
INSURANCE COMPANY OF AMERICA
Comp

2021-2022

Ins-Premium

INSURED COPY

Invoice Date 10/03/2022

101-101-937.00

Insured:

TUSCARORA TOWNSHIP OF
CHEBOYGAN COUNTY
PO BOX 220
INDIAN RIVER MI 49749-9999

Agent:

MUNICIPAL UNDERWRITERS OF MICH
PO BOX 400
HOUGHTON LAKE MI 48629-0400

Policy Number: WCV 8010184 08 01

Policy Effective Date: 07/01/2021

Policy Expiration Date: 07/01/2022

Audit Type: Estimated

Telephone: 800-241-8398

Agency Number: 9009314

The audit of your policy has been completed. The final premium, payments and balances are due as follows:

Audit Earned Premium: \$ 29,987.00

Collectable Balance:	\$	29,987.00
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Payments Received/Paid:	\$	-19,991.00
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Total Amount Applied: \$ -19,991.00

Total Due From Insured: \$ 9,996.00
(Includes Prior Balance)

Penalty
Assessed
against
2021-2022 →

33896

RB

see next page
for categorization
of this expense

If you have any questions, call Customer Service @ 1-866-206-5851.

DETACH ALONG THIS PERFORATION

[illegible]

Total Earned Premium	\$29,987.00
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2021-2022

10/03/2022

Insured:

TUSCARORA TOWNSHIP OF
 CHEBOYGAN COUNTY
 PO BOX 220
 INDIAN RIVER MI 49749-9999

Agent:

MUNICIPAL UNDERWRITERS OF MICH
 PO BOX 400
 HOUGHTON LAKE MI 48629-0400

Policy Number: WCV 8010184 08 01

Effective Date: 07/01/2021

Expiration Date: 07/01/2022



Telephone: 800-241-8398

Final Premium Adjustment Statement

Line of Business	Audit Term	Audited Period	Auditor's Name
WORKERS COMPENSATION	Annual	07/01/21 - 07/01/22	Accident Fund

State	Class Code	Description of Classification	Exposure	Rate	Premium
MI	7720	POLICE OFFICERS	508,959.0	5.19000000	26,415.00
	8810	PUBLIC LIBRARY OR MUSEUM		0.14000000	0.00
	8810	OFFICE	195,961.0	0.14000000	274.00
	9015	JANITORIAL OPERATIONS & CUSTODIAL CARE		3.79000000	0.00
	9102	PARK, MUNICIPAL	114,811.0	3.08000000	3,536.00
	9220	CEMETERY OPERATIONS		5.08000000	0.00
	9410	MUNICIPAL, TWP, COUNTY OR STATE EMP NOC	66,788.0	1.42000000	948.00
	9034	RENEWAL CREDIT	23,691.0	0.04000000	-948.00
	9037	GROUP/ASSOCIATION CREDIT	31,173.0	0.05000000	-1,559.00
	9740	TERRORISM	886,519.0	0.02000000	177.00
	9741	CATASTROPHE	886,519.0	0.01000000	89.00
	9757	AUDIT NONCOMPLIANCE CHARGE →	19,991.0	0.50000000	9,996.00 →
	9880	1-800 CLAIMS	22,743.0	0.01000000	-227.00
	9880	MANAGED CARE	22,743.0	0.01000000	-227.00
	9898	EXPERIENCE MODIFICATION	29,614.0	0.80000000	-5,923.00
	9887	SCHEDULE CREDIT	22,743.0	0.06000000	-1,365.00
	0063	PREMIUM DISCOUNT	20,924.0	0.06925062	-1,449.00
	0900	EXPENSE CONSTANT			250.00

Total Earned Premium \$29,987.00



Accident Fund®

INSURANCE COMPANY OF AMERICA

PO BOX 77000 DEPT 77125

DETROIT MI

48277-0125

Received
Tuscarora Township
APR 12 2023

INSURED COPY

Invoice Date 04/03/2023

Insured:

TUSCARORA TOWNSHIP OF

CHEBOYGAN COUNTY

PO BOX 220

INDIAN RIVER MI 49749-9999

3546 S. Straits Hwy.
Indian River, MI 49749

Agent:

MUNICIPAL UNDERWRITERS OF MICH

PO BOX 400

HOUGHTON LAKE MI 48629-0400

Policy Number: WCV 8010184 08 01

Policy Effective Date: 07/01/2021

Policy Expiration Date: 07/01/2022

Audit Type: Actual

Telephone: 800-241-8398

Agency Number: 9009314

The audit of your policy has been completed. The final premium, payments and balances are due as follows:

Audit Earned Premium: \$ 22,165.00

Collectable Balance: \$ 22,165.00

Payments Received/Paid: \$ -29,987.00

Total Amount Applied: \$ -29,987.00

Total Due to Insured: \$ 7,822.00

If you have any questions, call Customer Service @ 1-866-206-5851.

DETACH ALONG THIS PERFORATION

Return this portion with your remittance to ensure proper credit.
To pay your bill online, visit www.accidentfund.com

Policy Number: WCV 8010184 08 01 9009314

Policy Effective Date: 07/01/2021

Amount Due: \$0.00

Due Date: 05/03/2023

Insured:

TUSCARORA TOWNSHIP OF

CHEBOYGAN COUNTY

PO BOX 220

INDIAN RIVER MI 49749-9999

Please Remit Payment to:

ACCIDENT FUND

PO BOX 77000 DEPT 77125

DETROIT MI 48277-0125

0000000167

0000000679

C9 00000000000000 000000070121 000000000000 AFCWCV08 0101WCV801018408 5