



Jay Reidsma <clerk@tuscaroratwp.com>

Work Comp Audits Information Needed

4 messages

MUM Inc. <mum@insuregov.com>
 To: "clerk@tuscaroratwp.com" <clerk@tuscaroratwp.com>
 Cc: Adam G <adamg@muminc.net>

Tue, Feb 21, 2023 at 3:50 PM

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. Stinley

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

\$19,236.00

Due Date

07/01/2022

11-33608
WE
01-101-937-00
AB

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

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

Invoice Number
Account Number
Payment Due Date
Payment Amount Due
Amount Enclosed

1000207019
A010060838
07/01/2022
\$19,236.00

Mail Payment To:

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



INSURANCE COMPANY OF AMERICA
PO BOX 77000 DEPT 77125
DETROIT MI

48277-0125

REVISED Workmans 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
Payments Received/Paid:	\$	-19,991.00

Total Amount Applied:	\$	-19,991.00
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Total Due From Insured: \$
(Includes Prior Balance)

9,996.00

Penalty
Assessed
against
2021-2022

#33890

BB

see next page
for categorization
of this expense

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

DETACH ALONG THIS PERFORATION

Total Earned Premium

\$29,987.00

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

Telephone: 800-241-8398

Effective Date: 07/01/2021

Expiration Date: 07/01/2022

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

121000000



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 49740
HD

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

0000000167

Please Remit Payment to:

ACCIDENT FUND
PO BOX 77000 DEPT 77125
DETROIT MI 48277-0125

C9 0000000000000 000000070121 0000000000 AFCWCV08 0101WCV801018408 5

0000000679