

# Oregon Contracting Classification Premium Adjustment Program Workers' Compensation Premium Credit Application

_____ Firm name	_____ Policy
_____ Address	_____ Policy effective date
_____ City, State, Zip Code (00000-0000)	

The Oregon Contracting Classification Premium Adjustment Program applies to qualifying employers in contracting operations. In order to qualify for the program, the following conditions must be met:

1. More than 50% of your manual premium must be in one or more contracting classifications (as designated in the program).
2. You must have an experience modification, claims rating, or merit rating less than or equal to 1.00.

A special premium calculation, which may result in a premium credit for you, will be based on average hourly pay rates for each classification of contracting operations. To correctly establish your premium, please return the completed premium credit application on the reverse side of this letter to:

**National Council on Compensation Insurance, Inc.  
Customer Service Center**

901 Peninsula Corporate Circle  
Boca Raton, FL 33487

[customer\\_service@ncci.com](mailto:customer_service@ncci.com)

National Council on Compensation Insurance (NCCI) will let us know if you qualify for a premium credit. If NCCI does not receive this application within 180 days after policy inception, your premium calculation will not include any possible premium credit.

For each classification (both contracting and non-contracting), report the total payroll for your business. When reporting total payroll for this calculation, do not include overtime premium pay; vacation pay; unanticipated bonuses; Davis-Bacon fringe benefits **you** pay into an ERISA-qualified, third-party pension plan; or pay in excess of the payroll amount charged to partners and sole proprietors as shown on the state rate pages. Also exclude the entire pay for any exempt sole proprietor, partner, or officer. **For each classification listed, also report the corresponding total number of hours worked for the third calendar quarter (July, August, and September) of the year preceding your policy effective date.** Only report **Oregon** payroll and hours worked.

**Notes:**

1. If you did not have contracting operations during the third calendar quarter, provide the requested information for the last complete calendar quarter prior to the policy effective date of your workers' compensation policy.
2. If you are a new business with no prior operations, submit the requested information for the first complete calendar quarter following the policy effective date of your workers' compensation policy when available.
3. In the absence of specific records for salaried employees, you should assume that each individual worked 40 hours per week.

Please retain your payroll records that support the information you provide in this application. We will be required to verify the reported information for any credit applied.

Reach out to your insurance agent or your SAIF representative with questions.

## Oregon Workers' Compensation Premium Credit Application

**Important:** Your Oregon workers' compensation premium credit application cannot be processed unless you complete this form in its entirety.

**Please complete this entire form so that your application can be processed.** List the wages and total hours worked for all classifications assigned to your policy for the calendar quarter you indicate at the bottom of this form. Only report **Oregon** payroll and hours worked.

Classification	Code	Subject Oregon wages paid*	Total hours worked

Exclude overtime premium pay; vacation pay; unanticipated bonuses; Davis-Bacon fringe benefits **you** pay into an ERISA-qualified, third-party pension plan; and pay in excess of the payroll amount charged to partners and sole proprietors as shown on the state rate pages. Also exclude the entire pay for any exempt sole proprietor, partner, or officer.

**Required: For each classification listed, also report the corresponding total number of hours worked for the third calendar quarter **\*\***(July, August, and September) of the year preceding your policy effective date.**

Complete calendar quarter below (please check one): Calendar year: \_\_\_\_\_

- 1<sup>st</sup> quarter (1/1 – 3/31)                       2<sup>nd</sup> quarter (4/1 – 6/30)
- 3<sup>rd</sup> quarter (7/1 – 9/30)                       4<sup>th</sup> quarter (10/1 – 12/31)

**\*\*Please see instructions included in this form if you did not have construction operations during the third calendar quarter.**

\_\_\_\_\_  
Signature Position Date

Reach out to your insurance agent or SAIF representative with questions