

Department of Labor and Industries
Retrospective Rating Program
PO Box 44180
Olympia, Washington 98504-4180
(360) 902-4851 FAX (360) 902-4258
retro@lni.wa.gov | www.retro.lni.wa.gov



Individual RETROSPECTIVE RATING PLAN AGREEMENT

Please complete all blanks.

Company Name Kittitas County			Retro ID number (to be determined by L&I if first enrollment) 10470
Company mailing address and location 205 West 5th Ave - Suite 105			Unified Business Identifier (UBI number) 192 002 673
City Ellensburg	State WA	Zip Code+4 98926	L&I Account number – including all related sub-accounts 004,093-00
Company contact name (please print) Judy Pless			Enrollment period beginning (first day of calendar quarter) January 1, 2013
Company contact phone and FAX number (including area code) 509-962-7502 509-962-7687			Authorized outside representative (third party administrator), if any
Company contact e-mail address judy.pless@co.kittitas.wa.us			Company web site (optional)

If known or from prior plan years: Standard Premium \$ 290,000.00 Size Group Hazard Group 4

Refer to WAC 296-17B-300 for limitations on plan choices and loss limits. Please contact Retrospective Rating staff if you need assistance.

Plan type (check one): Loss Based ☐ Premium Based ☒ See WAC 296-17B-440

Minimum Loss Ratio (up to 4 digits – between 0.0000 and 0.6000): $\frac{0}{0} \cdot \frac{6}{7} \frac{0}{8} \frac{0}{0} \frac{0}{0}$ See WAC 296-17B-910 – 990

Maximum Loss Ratio (up to 4 digits – between 0.3000 and 1.6000): $\frac{0}{0} \cdot \frac{7}{8} \frac{8}{0} \frac{0}{0} \frac{0}{0}$ See WAC 296-17B-910 – 990

Single Loss Limit: \$120,000 ☐ \$250,000 ☐ \$500,000 ☐
(choose one) \$1,000,000 ☐ Unlimited/No limit ☒ See WAC 296-17B-300(1) and (3a)

Our claims mail should be sent to (choose one): Company address ☒ Third Party Administrator ☐

Documents and reports will be sent in electronic format, unless printed documents are specifically requested. Please check the box if you prefer to receive retro reports and correspondence in printed/paper format: ☐

As owner, partner or corporate officer of the business listed above, I am agreeing to enroll in the Retrospective Rating program, with the plan choices listed above.

If these choices do not meet the requirements of WAC 296-17B-300, L&I staff will notify you.

Upon acceptance by L&I, I understand and agree that:

- This agreement will be in effect for the twelve month coverage period listed above and the related subsequent adjustments required by WAC 296-17B-400.
- In order to reenroll, I must submit a new application each year, stating my plan choices for the coming year, and that this application is due no later than the fifteenth day of the month prior to the start of the coverage period.
- My company will maintain our industrial insurance accounts in good standing, and will be current on any money owed L&I at the time of enrollment and reenrollment.
- We will comply with L&I laws, rules and regulations.
- My company is responsible for any additional premium assessed for the coverage periods enrolled.

This agreement cannot be changed without the express written consent of L&I and is in effect through the coverage period selected above.

TO BE COMPLETED BY EMPLOYER

Employer's Name and Title (please print legibly) Alan Crankovich, Chairman Board of County Commissioners	
Employer's Authorized Signature [Signature]	Date Signed 12/4/2012

Index: IRA

2011 - 2013

Retro Premium Calculator

Kittitas County

* Your standard premium must be at least twice the single loss occurrence limit chosen.
* You have chosen a single loss limit that isn't available at your size group.

	choice 1	choice 2	choice 3	choice 4	choice 5
Coverage Year	2013	2011	2013	2013	2013
Standard Premium	\$ 290,000	\$ 278,833	\$ 6,000	\$ 6,000	\$ 6,000
Hazard Group	4	6	5	5	5
Plan Type	Premium	Premium	Loss	Loss	Loss
Min Loss Ratio	0.6000	0.6000	0.2000	0.1000	=
Max Loss Ratio	0.7800	0.7800	1.4000	1.5000	1.6000
Single Loss Limit	unlimited	\$ 250,000	unlimited	unlimited	unlimited
Assumed Loss Ratio	50.00%	65.00%	100.00%	125.00%	150.00%
Performance Adjustment Factor (PAF)	100%	100%	100%	100%	100%
		Invalid Combination*	Invalid Combination*	Invalid Combination*	Invalid Combination*

Notes:

Loss Ratio and Range of Retro Refunds

Loss Ratios

your loss ratio is your
*losses / std. premium

☒ Break-Even Loss Ratios
☐ losses at assumed refund

Loss Ratio
(% Std Premium)

☒ 68.5%
☐ 50.0%

Possible Retro Refunds

the range of available retro
refunds as a percentage of
your std premium

☐ max refund
☒ max assessment

Retro Refund
(% of Std Premium)

☒ 9.1%

☐ -10.1%

Losses = (Discounted and Developed Incurred Losses) * (PAF@100%) * (Expected Loss Ratio Factor)

Three plan scenarios per choice: worst case, assumed loss ratio, and best case scenarios. Results in dollars and percent of standard premium

	choice 1	choice 2	choice 3	choice 4	choice 5
break-even *losses	\$198,767 68.5%	#N/A #N/A	#N/A #N/A	#N/A #N/A	#N/A #N/A
min retro premium	\$263,500 90.9%	#N/A #N/A	#N/A #N/A	#N/A #N/A	#N/A #N/A
net insurance charge	\$63,400 21.9%				
net loss and expense charge	\$186,180 64.2%				
premium administration expense	\$13,920 4.8%				
max refund	\$26,500 9.1%	#N/A #N/A	#N/A #N/A	#N/A #N/A	#N/A #N/A
retro premium at assumed loss ratio	\$263,500 90.9%	#N/A #N/A	#N/A #N/A	#N/A #N/A	#N/A #N/A
net insurance charge	\$63,400 21.9%				
net loss and expense charge	\$186,180 64.2%				
premium administration expense	\$13,920 4.8%				
assumed refund	\$26,500 9.1%	#N/A #N/A	#N/A #N/A	#N/A #N/A	#N/A #N/A
*losses at assumed loss ratio	\$145,000 50.0%	#N/A #N/A	#N/A #N/A	#N/A #N/A	#N/A #N/A
max retro premium	\$319,354 110.1%	#N/A #N/A	#N/A #N/A	#N/A #N/A	#N/A #N/A
net insurance charge	\$63,400 21.9%				
net loss and expense charge	\$242,034 83.5%				
premium administration expense	\$13,920 4.8%				
max assessment	-\$29,354 -10.1%	#N/A #N/A	#N/A #N/A	#N/A #N/A	#N/A #N/A

* losses = (discounted and developed incurred losses) * (PAF@100%) * (expected loss ratio factor)

Notes:

Notes

These figures are a projection of future retro performance, but not a guarantee. For questions about enrollment please contact the Labor and Industries Retrospective Rating Program.

Contact information:

(360) 902-4851

Retro@LNI.wa.gov