



michigan municipal league

Workers' Compensation Fund

26255 American Drive Southfield MI 48034 248-204-8530

APPLICATION FOR MEMBERSHIP

Please complete the following form to apply for membership in the Michigan Municipal League Workers' Compensation Fund. Completing the application is not a commitment on your part until the approval process is completed and coverage is bound. The Workers' Compensation Agency, which regulates workers' compensation coverage, requires that the Agreement Form on page 4 be completed.

Eligibility: Any city, village, township, county or other public agency that is considered by the Workers' Compensation Agency as a public employer is eligible for consideration as a Fund Member. Cities and villages must maintain membership in the Michigan Municipal League; other Members must maintain limited associate status in the League to maintain their eligibility for Fund membership.

Send completed application to:

MML Workers' Compensation Fund

Attn: Underwriter

26255 American Drive, Southfield, MI 48034

Fax: 248-648-7751

Email: mml-fund@meadowbrook.com

3. Prior Experience Modification Information:

In order to process your application, we need to review the information on file with the Compensation Advisory Organization of Michigan (CAOM). This information must be requested by the applicant.

On the applicant's letterhead, type the following, and email, fax or mail to:

CAOM
PO Box 3337
Livonia, MI
48151-3337
LOA@CAOM.COM
Fax: 734-462-9721

RE: [Letter of Authority]
[Applicant name]
[Applicant Federal ID #]

To Whom It May Concern:

Please send our current and prior experience modification worksheets (including modifier) to the email address below.

mml-fund@meadowbrook.com

We understand that this data will be used for self-insured fund eligibility and evaluation, not for quoting purposes.

Thank you.

Authorized Official

Date

4. Claims

Request currently valued loss history reports **for the past 5 years** from your current and/or prior workers' compensation insurer(s).

List Workers' Compensation claims \$50,000 and over, during past five years (attach separate sheet if necessary):

Date of Injury	Nature of Injury	Incurred Cost of Claim	Claim Open or Closed ?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Michigan Municipal League Workers' Compensation Fund

Payroll Estimate Form

Classification of Operations	Number of Employees FTE**	Estimated Annual Payroll (Round to nearest \$100)	Classification of Operations	Number of Employees FTE**	Estimated Annual Payroll (Round to nearest \$100)
0042 Landscaping (new installation)			8810-1 Clerical/Office		
0106 Tree Pruning			8810-2 Elected Officials*		
5192 Parking Meters			8810-3 Libraries/ Museums: Prof/Clerical		
5221 Concrete Work			8820 Attorneys/Judges*		
5403 Carpentry			8829 Extended Care Facility		
5476 Painting			8831 Animal Shelters		
5509 Street Operations			8832 Physicians		
6217 Landfill			8833 Hospital-Professionals		
6834 Marina Operations			8835 Public Health Activities		
7333 Dredging – Inland Waterways			8868 Schools-Professionals		
7380 Drivers & Ambulance Drivers/Attendants			9015 Building Operations		
7382 Transit Authority Drivers/Dial-A-Ride			9016 Ice Rinks		
7423 Airport Operations			9033 Housing Authorities		
7520 Water Operations			9040 Hospital - Non-Professionals		
7539 Electric Distribution			9060 Municipal Golf Course		
7580 Sewer Operations			9063 YMCA		
7590 Incineration/Recycling Operations			9079 Restaurant Operations		
7610 Radio/TV			9102 Parks and Recreation		
7704-1 Firefighters			9103 Crossing Guards		
7704-2 On Call/Volunteer Firefighters / On Call Underwater Divers*			9104 Lifeguards		
7704-3 Public Safety			9156 Theater Operations		
7720-1 Police Officers			9180 Snow Making Operator		
7720-2 Volunteer/PT/Reserve/ Auxiliary Police*			9220 Cemetery Operations		
8395 Garage Operations			9402 Street Cleaning		
8601 Architects			9403 Garbage Collection		
8742 Salespersons-Outside			9410 Municipal Employees		
			TOTALS:		

The job classifications listed are common to most public agencies. **Please report a one year estimate of payroll in each classification, rounded to the nearest \$100.** This estimate is the basis for calculating the premium and will be adjusted during the audit period at the end of the Fund year based on the actual payroll of the Fund member.

*** NOTE: For rating purposes, the yearly minimum payroll for On Call/Volunteer Firefighters, Divers is \$500 each and Volunteer Police/PT Officers is \$1,000 each. Elected officials are subject to a yearly minimum of \$5,200 and a yearly maximum of \$30,000 each. Be sure to include these in your estimates.**

**** FTE – Reflects full-time equivalent**

Workers' Compensation Agency
Agreement for Membership in the
MICHIGAN MUNICIPAL LEAGUE WORKERS' COMPENSATION FUND

Applicant's Legal Name: _____

Principal Address: _____ County: _____

Applicant is a: City Township Village County Other (define): _____

Present Workers' Comp carrier: _____ Years with present carrier: _____

List experience mod for previous three years (most recent year first): _____

We hereby apply for continuing membership for workers' compensation self-insurance coverage in the above-named Fund, to be effective 12:01 A.M., _____, _____ and, if accepted by its duly authorized representative, do hereby constitute and appoint the Michigan Municipal League Workers' Compensation Fund or any other service company selected by the Trustees, to act as our agents-in-fact in all matters relating to the Workers' Compensation Law and/or Employers' Liability Act. We agree jointly with all other members of the Fund, as follows:

- (a) To accept and be bound by the provisions of the Michigan Worker's Disability Compensation Act;
- (b) To pay lawful awards entered by the Workers' Compensation Agency against any member of the Fund, which awards shall have been sustained by the courts where an appeal by either party is taken;
- (c) To pay premiums and assessments when due, based upon appropriate classifications and rates, into a designated cash reserve fund out of which lawful and proper claims and awards are to be paid; and
- (d) That there will be no disbursements from the Fund by way of dividends or distribution of accumulated reserves to the members, except at the direction of the Trustees and approval by the Agency;
- (e) To abide by the Fund Bylaws and the Operating Procedures of the Fund and to conform to the terms of the agreements they may enter into with any authorized service company as long as we remain a member of the Fund;
- (f) That, in the event of any changes in legal entity, or if any locations are to be added to or deleted from this coverage, we agree to notify the Fund, or any successor service company, immediately;
- (g) That should we desire to cancel our coverage, we will give written notice at least 60 days prior to cancellation;
- (h) That coverage under this membership shall be for Michigan operations only;
- (i) That the Payroll Estimate Form and/or Renewal Certificates, when completed and returned to us by the Fund, become a part of this Agreement;
- (j) That in the event of any payment under this Agreement, the Fund shall be subrogated to all the participant's rights of recovery therefore against any person or organization, and the Participant shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The participant shall do nothing after loss to prejudice such rights.

Name and title of Authorized Administrative Officer: _____

Signature: _____ Date: _____

The above applicant is a member or Associate Member of the Michigan Municipal League and is hereby approved for membership in this Fund. Coverage is effective the _____ day of _____

Signed this _____ day of _____ by _____

Fund Administrator