

Department of Labor and Industries
 Retrospective Rating Program
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 Olympia Washington 98504-4180
 360-902-4851 Fax 360-902-4258
 Email retro@Lni.wa.gov
www.Lni.wa.gov/retro



Application for Group Retrospective Rating

Retro ID Number (RRID)

Sponsoring Organization Name		Retro Group Legal Name		
Sponsoring Organization Contact Name		Retro Group Contact Name (if different)		
Retro Group Mailing Address and Location		City	State	Zip + 4
Retro Group Phone	Retro Group Fax	Retro Group Email address		
Enrollment period beginning		Industry Category (see WAC 296-17B-260)		

The Department will calculate and assign the appropriate size group and hazard group per WAC [296-17B-560](#).

Plan type (check one): Loss Based Premium Based See WAC [296-17B-440](#)

Minimum Loss Ratio (up to 4 digits – between 0.0000 & 0.6000) 0 . See WAC [296-17B-910](#) – [296-17B-990](#)

(The minimum loss ratio selected must be at least 0.20 less than the maximum loss ratio.)

Maximum Loss Ratio (up to 4 digits – between 0.4000 & 1.6000) . See WAC [296-17B-910](#) – [296-17B-990](#)

Select ONE Single Loss Limit: See WAC [296-17B-300](#)

- | | | | | |
|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> \$120,000 | <input type="checkbox"/> \$160,000 | <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$275,000 | <input type="checkbox"/> \$380,000 |
| <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$550,000 | <input type="checkbox"/> \$800,000 | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> Unlimited/No limit |

Important: If at the time of adjustment, the standard premium at risk is less than one hundred five percent (105%) of the standard premium paid, the department will recalculate the adjustment results by amending your plan choices for the aggregate loss limits (maximum loss ratio, minimum loss ratio) so that the results conform to this requirement. The amendment of plan choices will be done in such a way as to make the best financial result for the participant. If that is not possible, the department will not adjust the premium at all: No refund or assessment will be calculated. If at the time of any annual adjustment, the standard premium you have paid places you in a size group outside of the options available in the appropriate hazard group table found in [WAC 296-17B-910](#) through [296-17B-990](#), the department will change your single loss limited selection to unlimited. (see WAC 296-17B-300)

By submitting this signed and completed Application for Group Retrospective Rating to L&I, the sponsoring organization listed above agrees to comply with pertinent L&I laws, rules, and regulations, and to the terms agreed to herein.

To be completed by Sponsoring Organization	
Sponsoring Organization President Name (Please Print Legibly)	
Sponsoring Organization President Signature	Date Signed

This Agreement must be completed and received by L&I **no later than** the first day of the month prior to the selected coverage period. (See WAC [296-17B-780](#)).