



Minnesota Workers' Compensation
Insurers Association, Inc.
7701 France Avenue South ▪ Suite 450
Minneapolis, MN 55435-3200

April 1, 2003

ALL ASSOCIATION MEMBERS

Circular Letter 03-1402

**RE: Large Risk Alternative Rating Option (LRARO)
Filing Procedures (revised)**

The Minnesota Department of Commerce recently released Bulletin 2003-2 announcing the introduction of an alternative to Form DOC-WC-LRARO. This form was originally established as part of the filing procedures described in Commerce's Bulletin 2002-6 for Minnesota LRARO programs.

A copy of Commerce Bulletin 2003-2 is attached for your convenience. If you have any questions regarding the filing of LRARO programs, please contact Tammy Lohmann, Chief Workers' Compensation Analyst for the Minnesota Department of Commerce by calling 651.296.2327 or emailing her at tammy.lohmann@state.mn.us.

**STATE OF MINNESOTA
DEPARTMENT OF COMMERCE**

Bulletin 2003-2
Issued this 17th day of March 2003

To: All Workers' Compensation Insurers Licensed in Minnesota

This bulletin amends the filing procedures and forms that can be used to expedite the review of workers' compensation rate filings made under the provisions of Minnesota Statute §79.56, Subd. 3(b) as originally proposed in Bulletin 2002-6. It is being issued to offer an alternative form for certifying that an insured's premium meets the statutory threshold for Large Risk Alternative Rating Option (LRARO) filings. There is no change in the procedures for filing Large Risk Exemption Filings (Non-LRARO).

The attached form, Large Risk Alternative Rating Option Filing DOC-WC-LRARO2, is being offered as a substitute to DOC-WC-LRARO to make the filing process more efficient.

The filing fee for LRARO filings remains at \$250 per filing, and a separate filing must be submitted for each employer that is being written under the LRARO program.

Questions regarding this bulletin should be referred to Tammy L. Lohmann, Chief Workers' Compensation Analyst, at (651) 296-2327 or tammy.lohmann@state.mn.us.

Glenn Wilson
Commissioner of Commerce

LARGE RISK ALTERNATIVE RATING OPTION FILING

[Pursuant to Minnesota Statutes Section 79.56, subdivision 3 (b)]

Name and address of insurer:

Name and address of insured employer:

Effective date of filing: _____

I certify that the employer named above generates \$250,000 or more in annual countrywide written workers' compensation premium, and that the calculation of this threshold is based on the rates and rating plans that have been approved by the appropriate state regulatory authority. The filing of this certification authorizes the use of this rate and/or rating plan only for the named employer.

Name of responsible officer: _____

Title: _____

Signature: _____