



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

March 15, 2011

**ALL ASSOCIATION MEMBERS**

Circular Letter 11-1590

**RE: Enhanced Policy View System for the MWCIA Website**

The Minnesota Workers' Compensation Insurers Association, Inc. (MWCIA) is pleased to announce the release of several new features for the Policy View application (originally announced in 2008 with Circular 08-1542). These features include:

- A new reporting feature that provides the status of all electronically submitted policies, policy replacements, cancellation and reinstatement transactions.
- Rejected transactions and the reason for the rejection.
- Requests for additional information, previously reported to carriers on the Underwriting and Data Processing Policy Carrier Error Reports.
- Search by Carrier ID, Policy Number, Primary Name, Issue Date and Receive Date ranges.
- PDF report generation.

The availability of policy error reporting online will enable MWCIA to move toward the elimination of paper error reports delivered by mail. It is important that all carriers submitting policy data to MWCIA register for Policy View by August 1, 2011, the anticipated termination date for paper error reports.

Attached is a registration form for the MWCIA Policy View application. If you do not yet have a Policy View account, are a member of the MWCIA, and would like to request access to view your policy data, please complete the application and mail or fax it according to the instructions.

If you have any questions regarding registration, please contact Debbie Peterson at 952-897-6439 or by emailing [debbie.peterson@mwcia.org](mailto:debbie.peterson@mwcia.org).



# Policy View Application – Login Request Form

Please complete the application and mail or fax to MWCIA.

Address: MWCIA 7701 France Ave South, Suite 450, Minneapolis, MN-55435-3200

Fax: 952-897-6495

**Please provide following information.**

**NCCI Group ID:** \_\_\_\_\_

**Group Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State and Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**User Name:** \_\_\_\_\_

**Password:** \_\_\_\_\_

Username/Password requirements: 6 characters minimum / Must begin with at least one ALPHA CHARACTER/can be all alpha or alpha-numeric beginning with alpha / all lower case / no symbols / no common words/no spaces/ login name and password should not be identical.

**Please enter the NCCI Carrier ID and Name for which you want to view data.**

No.	NCCI Carrier ID	Carrier Name
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

(Above list may be reproduced to add additional Carrier Names)

You will be notified when your application has been accepted. If there are any questions, please email us at

[PolicyViewRegistration@mwcia.org](mailto:PolicyViewRegistration@mwcia.org) .

**CAUTION... ALL POLICY VIEW DATA IS PROPRIETARY TO MWCIA'S MEMBER CARRIERS. ONLY MEMBER CARRIERS MAY REQUEST OR RECEIVE A LOGIN TO ACCESS DATA IN POLICY VIEW. NO OTHER ENTITY MAY RECEIVE ACCESS TO POLICY VIEW EXCEPT AS PROVIDED TO A THIRD PARTY DIRECTLY BY THE RESPONSIBLE CARRIER ITSELF.**

**Authorizing Officer for Applicant**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Title \_\_\_\_\_ E-mail Address \_\_\_\_\_

Please attach a business card, or copy of a business card, of the authorizing officer for verification.

*The undersigned is duly authorized to execute this application on behalf of the above named Applicant and each of its individual carriers within the Carrier Group. By executing this application, the Applicant and each of the individual carriers agree to be bound by the Terms and Conditions of Use set forth on the MWCIA Web site at [www.mwcia.org](http://www.mwcia.org), together with all future modifications thereof.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Authorizing Officer Signature