



October 15, 2021

VIA SERFF

The Honorable Trinidad Navarro
Insurance Commissioner
Department of Insurance
State of Delaware
1351 West North Street, Suite 101
Dover, DE 19904

Attention: Tanisha Merced, Deputy Insurance Commissioner

**RE: DCRB Filing No. 2112 – Proposed Effective December 1, 2021
Revised Edition of the ERM-6 Form**

Dear Commissioner Navarro and Deputy Commissioner Merced:

On behalf of the members of the Delaware Compensation Rating Bureau Inc. (DCRB), we hereby submit the proposed filing for a revised edition of the ERM-6 form used within the state. The revision is proposed to be effective as of 12:01 a.m., December 1, 2021 and coincides with changes resulting from DCRB's normal annual comprehensive loss cost revision, presently filed and pending with the Department. The election of this effective date coordinates all changes to a single date.

The ERM-6 form is used by self-insured risks to submit payroll and loss data to the DCRB to calculate an experience rating for a specific rating effective date. Included with this proposed filing are the DCRB's staff memorandum detailing the proposed revisions to the ERM-6 form and the updated version of the form. The memorandum and proposals were presented to the DCRB Classification and Rating Committee during its annual meeting on June 9, 2021. The proposed revisions will modernize the ERM-6 form and better align the process with this form as used in other states.

The proposed ERM-6 form revisions are summarized below:

- Additional fields and rows for expanded risk information such as their FEIN and full address.
- Updated column headers.
- Revised instruction page.

Thank you in advance for your review and attention to this filing. The DCRB will be pleased to answer any questions you or the Department of Insurance's staff may have regarding these proposals.

Sincerely,

William V. Taylor
President

Enclosure: Staff Memorandum and Revised ERM-6 Form



TO: Delaware Classification & Rating Committee

FROM : Drew Kratz, Manager – Underwriting & Coverage Compliance

DATE: June 01, 2021

RE: Revised edition of the ERM-6

Background:

The Forms section of the DCRB’s website historically has provided access to the ERM-6. The ERM-6 is a form used to submit experience rating data by self-insured risks when requesting the PCR to calculate an experience modification for a specific rating date.

The ERM-6 listed on the DCRB’s website is the 2002 revised edition and has not been updated since that time. The accompanying form is the modernized edition of the form allowing for expanded risk information, updated column headers and revised instructions. Despite the modernization of the form, the required data will not change.

Conclusion and Recommendation:

Staff proposes the filing of the revised version of the ERM-6. The proposed effective date of these changes is April 1, 2022 concurrent with DCRB’s normal annual comprehensive loss cost filing. This will ensure the DCRB’s website provides a version of the form like those provided by the NCCI and other independent states.

The proposed updated version of the ERM-6 is attached.

DELAWARE
ERM-6 FORM
WORKERS COMPENSATION EXPERIENCE RATING
FOR SELF INSURANCE

NAME OF RISK _____

ADDRESS OF RISK _____ CITY _____ STATE _____

ZIP _____ RISK IDENTIFICATION NO. _____ EFFECTIVE DATE OF RATING _____

FEDERAL IDENTIFICATION NUMBER _____ STATE OF COVERAGE _____

Coverage Period		(3)	(4)	(5)	(6)	(7)	(8)
(1) Effective Month/Day/ Year	(2) Expiration Month/Day/ Year	Class Code	Payroll	Claim Identification Number Assigned	Injury Type Code	Open/Closed -Final (O/F)	Incurred Losses (Paid plus Reserves)

PLEASE FOLLOW THE INSTRUCTIONS ON THE BACK PAGE FOR COMPLETING THIS WORKSHEET

INSTRUCTIONS FOR SUBMITTING EXPERIENCE RATING DATA

PAYROLL AND LOSSES MUST BE ROUNDED TO THE NEAREST WHOLE DOLLAR.

- COLUMN 1 Fill in the effective month, day, and year of the period for which information will be provided. In accordance with the Pennsylvania Experience Rating Plan rules, a total of three (3) years of experience can be included in the rating, not including the year immediately prior to the effective date of the rating. Each year's payroll losses must be listed separately.
- COLUMN 2 Fill in the expiration month, day, and year of the period for which information will be provided.
- COLUMN 3 Fill in the appropriate workers' compensation classification code(s) which best describes the type of business. Questions regarding the classifications can be directed to the PCRB's Classification Department at 215-320-4488.
- COLUMN 4 Fill in the payroll amounts for classification code(s) for each year as reported in Column 3...
- COLUMN 5 Provide the claim number used for internal record keeping should you desire this information on the modification worksheet. If claim numbers are not used for internal record keeping, leave column blank.
- COLUMN 6 Fill in the appropriate injury type code (see following list). Only one injury type code is applicable per claim. Medical only claims should be listed as a "6," but claims that include both medical and disability or death benefits should be listed under the applicable disability or death code, such as "5" (Temporary Total or Temporary Partial Disability). Injury types must be noted for each entry.
- | | |
|---|--|
| 1 = Death | 6 = Medical Only |
| 2 = Permanent Total Disability | 7 = Contract Medical or Hospital Allowance |
| 5 = Temporary Total or Temporary Partial Disability | 9 = Permanent Partial Disability |
- COLUMN 7 Indicate whether the claim is open or closed/final by placing an O or F in the column.
- COLUMN 8 In Column 8, fill in the sum of incurred (paid plus reserved) losses per row. If no claims occurred, place a 0 in that space. Claims must be reported individually regardless of claim amount.

The experience rating will be completed in accordance with the Pennsylvania Experience Rating Plan.

AGREEMENT

We hereby certify that the information given in this report is correct to the best of our knowledge and belief. By submission of this information, we request the Pennsylvania Compensation Rating Bureau produce an experience modification factor for each of the risk(s) listed.

The person signing this agreement certifies he/she has the authority to execute this agreement on behalf of the self-insured risk requesting the rating.

Signed _____ Date _____

Printed Name of Signer _____ Title _____