



Our dealership is requesting to add or change workers compensation code rates, wage cutoffs, the experience modification factor or other related setting for our computer system.

Our inhouse client number is _____.

This also applies to the following branches: _____, _____, _____, _____, _____, _____,

Workers Comp Code State _____ Experience Modification Factor (up to 2 decimal places) _____

Does this state use Hours or Wages to determine Workers Comp amounts to be paid? _____

W/C CODE	Gross Pay Extended Rate	Annual Wage Cutoff	Job Description (up to 12 chars)	Wage Cutoff Ytd/Mtd/Per	*Exempt Wage Categories	Exclude Overtime /N	**Exclude No-Tax Earnings Y/N	***Exclude Deduction Class
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

*Up to 3 earning code categories can be exempted from each workers compensation code. Use the table below to determine the correct codes for the CATEGORY of earnings (displayed in Company Earnings) that should be exempt from the calculations:

Category of Earn Code	Code	Category of Earn Code	Code	Category of Earn Code	Code
Overtime	01	Vacation Normal	02	Vacation Default	03
Sick Pay Normal	04	Basic Pay Default	05	Misc Normal	12
Misc Default	13	Basic Pay	15	Comm Draw No Tax	30
Comm Draw Normal	31	Comm Draw Default	32	Commission Normal	35
Commission Default	36				

** No-Tax earning are designated by an entry of NO TAX in the TAX FREQ column of Company Earnings.

*** 401-K, 125 Plan, Other (define) _____

A Payroll cycle is open in each branch where changes are requested. **YES / NO** (A cycle must be open for these changes.)

I have attached supporting documentation from my workers compensation carrier with the correct settings indicated. **YES / NO**

Changes to workers compensation rates or the experience modification factor are effective in the cycle where the changes are made. The system does not make any retroactive adjustments to the beginning of the month/quarter/year.

Signature _____ Date _____

Name (Please Print) _____ Title _____

Dealership Name _____

Please fax the completed form to (979) 690-5815.

Revision 02/2008