New York Compensation Insurance Rating Board

B U L L E T I N

November 2, 2009

Contact: Victoria Reyes
Accounting Department
Ext. 152, vreyes@nycirb.org

R.C. 2217

To the Members of the Board

Re: Experience Modification Service – 2010 Renewal

The Rating Board's web-based experience modification service allows subscribers the ability to access, by employer name, as well as by Rating Board File Number, the insured's most recent experience modification. Other information, such as classification, issue date and effective date is also available for review on the selected record.

Subscriptions for the 2009 year are now coming to an end and, therefore, in order to maintain continuous service in the coming year, a renewal fee for 2010 in the amount of $1,000 is required for the first designated user. Additional company representatives may subscribe at the reduced rate of $325 per user. Please note that current subscribers will be able to retain their present user ids and passwords which will be noted as such on verification of their subscription.

Attached is a form which must be completed and returned to the Board with the appropriate payment. Once the Board receives this payment, you will be assigned your user ID and password which will be in effect until the end of 2010. Any questions concerning your subscription can be addressed to the Board's Accounting Department as noted above.

Very truly yours,

Monte Almer

President

GV/ab
attch.

NEW YORK COMPENSATION INSURANCE RATING BOARD

ORDER FORM FOR 2010 EXPERIENCE MODIFICATION SERVICE

MAIL THIS FORM AND YOUR CHECK MADE PAYABLE TO:

NEW YORK COMPENSATION INSURANCE RATING BOARD
ATT: ACCOUNTING DEPARTMENT
200 EAST 42ND STREET
NEW YORK, NEW YORK 10017

2010 Subscription Fee: $1,000*

Commencement Date: _____

AFTER RECEIPT OF REMITTANCE, USER ID AND PASSWORD WILL BE ISSUED. IN THE CASE OF RENEWAL SUBSCRIPTIONS, CURRENT USER ID AND PASSWORD WILL REMAIN IN EFFECT.

Name _____

Company _____

Address _____

City, State, Zip _____

Phone Number _____

Fax Number _____

E-Mail _____

FOR OFFICE USE ONLY	
CHECK #	
DATE RECEIVED	
USER ID	
PASSWORD	

***PRICE FOR ADDITIONAL USERS AT THE SAME COMPANY WILL BE $325 PER USER. PLEASE COMPLETE AN INDIVIDUAL FORM FOR EACH USER.**