Premium Audit Dispute Form

Instructions for Audit Disputes

- Fill out the attached form or send an email or fax with **all** information requested on the form.
- Make sure to attach all the requested documentation such as payroll reports, Federal 941s or state unemployment reports, job descriptions, certificates of insurance, etc.
- Please be advised that billing or collections on an outstanding invoice **cannot** be placed on hold until all the dispute information is received.
- If the policy is on autopay, to avoid the disputed audit premium from being automatically deducted from the account, the policyholder must suspend the service themselves or contact PolicySupport@accidentfund.com for billing assistance.
- If you have any questions, please contact the Premium Audit department at 866-206-5851 or email at PremiumAudit@accidentfund.com.

Return completed form and supporting documents to PremiumAudit@accidentfund.com or fax to 866-638-7491.

Premium Audit Dispute Form

Insured Name:		
Policy Number:	Policy Period:	-
Contact Name:		
Telephone:	Email:	

If your dispute has to do with a classification issue, please provide the names of the individuals in question and the reason they should be classified differently (this should include a detailed summary of their daily duties). **Please note: In addition to completing this form, you will need to provide applicable supporting documentation, such as payroll records, tax documents, ownership information, etc.**

Please check the topic that most closely describes the nature of your dispute:

- ☐ Employee(s) misclassification
- ☐ Overtime, section 125, or other credit not given
- ☐ Operations incorrectly classified
- ☐ Other, explain
- ☐ Incorrect payrolls
- ☐ Officer inclusion/exclusion
- ☐ Subcontractors incorrectly classified

Please use the below fields to help us resolve your dispute. (If additional space is needed, use a separate sheet of paper – be sure to include your policy number.)

Names or Operations	Payroll Amounts	Reason for Review

Reclassification of payroll to **8810 Clerical Office; 8871 Clerical Telecommuter or 8742 Salesperson – Outside**: Requires the additional criteria to ensure employees are classified in accordance with state-specific Worker's Compensation Bureau criteria.

1. Please summarize job duties, including any supervisory or management responsibilities, as well as any customer service functions whether by phone and/or face-to-face customer interaction.

2. Are there any job duties that take the employee outside of the office, requiring them to travel on a regular basis? Yes ☐ No ☐ If yes, how many hours?
   Frequency (Number of days/week,/month):

Return completed form and supporting documents to PremiumAudit@accidentfund.com or fax to 866-638-7491.

AF Group
AccidentFund UnitedHeartland CompWest ThirdCoast Underwriters

Premium Audit Dispute Form

3. Do they have duties that require them to leave your office or office environment and enter into non-office environments of the company (i.e., warehouse, plant, shop, store floor, service area, shipping/receiving, storage, construction site, equipment repair yard, etc.)? Yes ☐ No ☐

   If Yes, how many Hours? Frequency (Number of days/week/month)?

   If Yes, please complete the following:

LOCATION	HOURS PER WEEK	DUTIES PERFORMED

4. Is lodging provided? Yes ☐ No ☐ **If Yes**, what is the monthly full market value?

Signature

I declare that I have examined this request, including accompanying documents, and to the best of my knowledge and belief, the facts presented are true, correct and complete. This form must be signed by the policyholder representative (i.e., owner, partner, corporate officer, member/manager) who has personal knowledge of the facts.

Signature: _____ Date: _____

Title: _____

Return completed form and supporting documents to PremiumAudit@accidentfund.com or fax to 866-638-7491.