



# Individual Retrospective Rating Plan Agreement

PLEASE PRINT

Company Name		Retro ID number (to be determined by L&I if first enrollment)	
Company Mailing Address and Location		Unified Business Identifier (UBI number)	
City	State	Zip Code + 4	L&I Account Number
Company Contact Name (please print)		Enrollment Period Beginning (first day of calendar quarter)	
Company Contact phone and fax (include area code)		Authorized Outside Representative (3 <sup>rd</sup> party administrator) if any	
Company Contact Email address		Company Web	

Refer to [WAC 296-17B-300](#) for limitations on plan choices and loss limits. Please contact Retrospective Rating staff if you need assistance.

Plan Type (Check one)     Loss Based     Premium Based

See [WAC 296-17B-440](#)

**Minimum Loss Ratio** (up to 4 digits-between 0.000 & 0.6000)      0   •  
 (The minimum loss ratio selected must be at least 0.20 less than the maximum loss ratio.)

See [WAC 296-17B-910](#) – [296-17B-990](#)

**Maximum Loss Ratio** (up to 4 digits-between 0.400 & 1.6000)               •

See [WAC 296-17B-910](#) – [296-17B-990](#)

Select ONE Single Loss Limit (see [WAC 296-17B-300](#))

- \$120,000     \$160,000     \$250,000     \$275,000     \$380,000  
 \$500,000     \$550,000     \$800,000     \$1,000,000     Unlimited/No Limit

**Important:** If at the time of adjustment, the standard premium at risk is less than one hundred five percent (105%) of the standard premium paid, the department will recalculate the adjustment results by amending your plan choices for the aggregate loss limits (maximum loss ratio, minimum loss ratio) so that the results conform to this requirement. The amendment of plan choices will be done in such a way as to make the best financial result for the participant. If that is not possible, the department will not adjust the premium at all: No refund or assessment will be calculated. If at the time of any annual adjustment, the standard premium you have paid places you in a size group outside of the options available in the appropriate hazard group table found in [WAC 296-17B-910](#) through [296-17B-990](#), the department will change your single loss limit selection to unlimited. (see [WAC 296-17B-300](#))

**To be Completed by Owner, Partner, or Corporate Officer**

By submitting this signed and completed Individual Retrospective Rating Plan Agreement to L&I, the employer listed above agrees to comply with all pertinent L&I laws, rules and regulations, and to the terms agreed to herein.

Name and Title (print legibly)	
Authorized Signature	Date Signed