



Economic Development

August 7, 2017

Thank you for operating your business in Moorhead! We understand that there are many factors which are in play when deciding where to hang your sign and we are thrilled you are here!

Enclosed is the 2017 application for the Workers' Compensation Rebate Program. We ask that you go to your file right now, pull out your most recent workers' compensation audit statement, complete the application, and mail the audit and application in the enclosed envelope. It won't take more than 15 minutes of your time. And if you have submitted an application in the past, we have completed the majority of it for you already. Changes are no problem! Just cross it out and write the correct information next to it or in the margin. The yellow copy is for you to keep. ***The rebate is 20% of your workers' compensation expense with a \$25,000 program cap.***

***Applications are due  
Thursday, August 31, 2017***

**PLEASE READ – VERY IMPORTANT**

***You must attach a copy of your most recent workers' compensation audit statement.***

We cannot complete the application process until the audit statement is received. You may need to contact your local insurance provider for a copy of your audit as they may not automatically send one to you. Please note that an "estimated premium" statement is not an audited statement and will not be accepted.

**APPLICATIONS & QUESTIONS DIRECTED TO:**

**Mail** | PO Box 779, Moorhead, MN 56561-0779

**In Person** | Moorhead City Hall, 500 Center Ave, 4<sup>th</sup> Floor

**Electronic Submission** | amy.thorpe@cityofmoorhead.com

**Phone** | 218.299.5442

**Amy Thorpe** | Economic Development Program Administrator

**Cindy Graffeo** | EDA Executive Director

# Workers' Compensation Rebate Program Moorhead Economic Development

2017

|          |   |                                      |
|----------|---|--------------------------------------|
| BUSINESS | Legal Name:                                       |                                      |
|          | Doing Business As:                                |                                      |
|          | State ID Number:                                  | Federal ID Number:                   |
|          | Brief Description of Principle Business Activity: |                                      |
|          | Street Address:                                   | City, State, Zip: MOORHEAD, MN 56560 |
|          | Parcel Identification Number:                     |                                      |

|         |                                     |                   |
|---------|-------------------------------------|-------------------|
| CONTACT | Business Owner / Applicant:         |                   |
|         | Title:                              |                   |
|         | Contact Person:                     | Contact Title:    |
|         | Email Address ( <i>important</i> ): |                   |
|         | Daytime Phone with Area Code:       |                   |
|         | Mailing Address:                    | City, State, Zip: |

|   |   |   |
|---|---|---|
| INSURANCE   | Local Agent's Name:                                 |   |
|   | Company:  |   |
|   | Phone Number:                                       | Permission to Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | Worker's Compensation Insurance Name:               |   |
|   | Effective Date Reported on <b>2016</b> Application: |   |
|   | <b>AUDIT INFORMATION</b>                            |   |
|   | <b>Audited</b> MN Worker's Compensation Expense     | \$  |
| (Office Use Only) Rebate Amount (20%; Cap \$25,000) | \$  |   |

|           |   |  |
|-----------|---|--|
| EMPLOYEES | <b>Based on the Current Year</b>  |  |
|           | Fulltime Employees  | A.   |
|           | Part-Time Hours ( <i>Total for all PT employees</i> )   | B.   |
|           | Fulltime Equivalent for Part-Time Hours ( <i>Line B divided by 2080</i> )   | C.   |
|           | Total Fulltime Equivalent Employees ( <i>Line A + Line C</i> )  | D.   |
|           | <b>Change in Fulltime Equivalents</b>   |  |
|           | Fulltime Equivalents (FTEs) Reported in Program Year 2016   |  |
|           | Compared to 2016, have you added <b>or</b> reduced FTEs?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|           | <p><b>If you answered "No," stop here and sign Certification (<i>back</i>).</b></p> <p><b>If you answered "Yes," please complete the remainder of the form.</b></p> |  |

(Over)

WHITE COPY – RETURN TO CITY OF MOORHEAD

YELLOW COPY – RETAIN FOR YOUR RECORDS

# Workers' Compensation Rebate Program Moorhead Economic Development

2017

| Based on the Current Year |  |       |         |  |
|---------------------------|--|-------|---------|--|
| EMPLOYEES, CONT.          | Report number of positions:  | Added | Reduced |  |
|                           | Skilled ( <i>training or equivalent required</i> )   |       |         |  |
|                           | Unskilled ( <i>entry level</i> )   |       |         |  |
|                           | Average wage ( <i>per hour</i> ) for positions added:  | \$    |         |  |
|                           | Number of Disadvantaged New Employees*   |       |         |  |
|                           | <i>*Report number of newly hired people who were low income, unemployed or receiving public assistance prior to hiring and who are filling jobs paying income wages.</i> |       |         |  |

### CERTIFICATION

I hereby declare and certify that this application is true and correct to the best of my knowledge and belief.

Dated: \_\_\_\_\_

Owner/Applicant: \_\_\_\_\_

***Applications are due  
Thursday, August 31, 2017***

***Attach a copy of most recent workers' compensation audit statement from your insurance agent. This documentation is necessary to process your application and receive this rebate.***

#### APPLICATIONS & QUESTIONS DIRECTED TO:

Mail | PO Box 779, Moorhead, MN 56561-0779  
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