Premium Calculation Worksheet

(For use with Plan Year Information Form)

EMPLOYER NAME: _____

Classification Code	Estimated Payroll	Rate per $100 of payroll	Premium
	$	$	$
Total Manual Premium	XXXXXXXX	XXXXXXXX	$
Experience Mod Factor	XXXX	XXXX	
Modified Premium	XXXX	XXXX	$
Premium Discount			
Other Adjustments: (List separately below)	XXXX	XXXX	
	XXXX	XXXX	
	XXXX	XXXX	
	XXXX	XXXX	
Discounted Standard Premium	XXXXXXXX	XXXXXXXX	$

please reproduce as necessary

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