



414-476-6440 ▲ Fax 414-476-0024 ▲ www.wcrb.org

P.O. Box 3080 ▲ Milwaukee, WI 53201-3080

Located at 2200 North Mayfair Road, Wauwatosa, WI 53226

Wisconsin Compensation Rating Bureau

GENERAL CIRCULAR 419 - July 19, 2001

TO ALL MEMBERS OF THE BUREAU:

SPECIAL ATTENTION - UNIT STATISTICAL PERSONNEL

WCRB INDUSTRY TRAINING SESSION

September 7, 2001



A WCRB Industry Training Session has been planned for September 7, 2001.

Seminar Overview

This session will center on the user interface between WCRB and our membership. Topics of discussion will be:

- Wisconsin unit statistical reporting procedures
- WCRB editing procedures and Bureau communication
- WCRB website
- Industry work groups
- WCIO Data Reporting Handbook
- Enhancements made in the BEEP 2.0 version

A question and answer discussion will be held at the end of the day.

Who Should Attend?

Anyone in your organization involved in reporting unit statistical data. Staff members from WCRB will be available to answer questions pertaining to Workers Compensation data reporting (i.e.: policies, unit reports, experience rating, rate making).

Seminar Details

The seminar will be conducted at the Howard Johnson Inn & Suites, 176 West Wisconsin Avenue, Milwaukee, WI. A block of 40 rooms has been reserved on a first-come, first-served basis. Please contact the hotel directly to make your reservation. A room rate of \$72.00 plus 14.6% tax has been negotiated. The phone number to make reservations is (414) 271-4656.

The cost of this session will be \$75.00. Continental breakfast, training materials, breaks, and lunch will be provided.

Registration will begin at 8:00 a.m. The training session will begin at 8:30 a.m. and conclude about 4:00 p.m.

Please complete the attached form and return it to WCRB by **August 24, 2001**.

Any questions regarding this seminar can be directed to:

Kay Higgins
Wisconsin Compensation Rating Bureau
P. O. Box 3080
Milwaukee, WI 53201-3080

(414) 479-2634

Fax: (414) 479-2684 or

E-mail address: higgika@dwd.state.wi.us

**WCRB INDUSTRY TRAINING
ENROLLMENT FORM**

Please identify the name of each person attending.

Attendee _____ Title _____

Attendee _____ Title _____

Attendee _____ Title _____

Carrier Code: _____

Carrier Name: _____

Mailing Address: _____

Carrier Requested Topics of Discussion:

To assist us in making this training session as informative as possible, please indicate any specific questions or issues you would like addressed.

1. _____

2. _____

3. _____

Make your check payable to WCRB in the amount of \$75.00.

Complete the form and return by August 24, 2001 to:

Kay Higgins
Wisconsin Compensation Rating Bureau
P. O. Box 3080

Milwaukee, WI 53201-3080