



2021 MATIT WORKERS' COMPENSATION AUDIT REPORT

PO Box 415 • St Michael, MN 55376
AGENCY (800) 262-2864 • FAX (763) 497-3233
Email: WCAudit@mntownships.org

Township: _____

County: _____

Clerk: _____

WC Policy Number: _____

Address: _____

The following payroll report is used to calculate your workers' compensation premiums. Please read and complete it carefully and return it to the Minnesota Association of Townships Agency by **January 31, 2021**.

Total Employee Earnings

List total **employee** gross payroll paid in 2020. *Gross payroll is all regular and overtime compensation paid to any employee who worked for you in 2020.* Do not include mileage or other reimbursements. **If a person performed work in two or more different class descriptions, divide their gross payroll among the appropriate classes.**

****DO NOT include payments to cities, counties, other towns, other public bodies or payments to independent contractors in this section...TOWNSHIP EMPLOYEES ONLY****

Employee Class Description	**2020 Total Employee Earnings	Office Use Only
Clerk/Treasurers/Election Judges	\$	8810
Supervisors/Planning Commissions/Moderators/Zoning Boards	\$	9410
Road Maintenance/Roadside Mowing/Snow Plowing/Dust Control/Excavating Employees	\$	5506
Cemetery Operations Employees	\$	9220
Building Maintenance/Janitor/Lawn Mowing or Snow Removal at Town Hall Employees	\$	9015
Parks Maintenance/Rink Attendant Employees	\$	9102
Police/Peace Officers Employees	\$	7720
Waterworks Operation/Sewer Employees	\$	7520
Garbage Disposal/Landfills Employees	\$	7590
Auto/Machinery Maintenance Employees	\$	8380
Recycling Employees	\$	8264
Tree Pruning & Tree Removal Employees	\$	106
Animal Control Employees *Do not include bounties*	\$	8831

Office Use Only

Received _____ Approved _____ C1 _____

Cert Fee(s) _____ Late Audit Fee _____

FIRE DEPARTMENT

Does the Township **OWN** and **OPERATE** a fire department? YES NO
 If **YES**, how many fire fighters? _____ How many calls did they respond to in 2020? _____
 If yes, what is the total population of its service district? _____
 If yes, does your township have workers comp coverage through another insurer for your fire department?
 YES NO

FIRST RESPONDER UNIT

Does the Township have a first responder unit that is **NOT** part of a fire department and that is under the townboard's supervision and control? YES NO

If **YES**, how many first responders? _____ How many calls did they respond to in 2020? _____

INDEPENDENT CONTRACTORS

For each of your independent contractors who performed work for the township during 2020, provide the name and type of work performed.

Attach a copy of each of your contractor's workers' compensation certificate of insurance. If your contractor has not provided one, attach a copy of the contractor's **commercial** liability insurance certificate. *Personal auto, homeowners insurance, or farm liability (unless endorsed) are not acceptable.* Certificates provided should show the effective dates and limits of insurance.

Professional or licensed services such as architects, lawyers, engineers or one-time repair service contractors such as plumbers or locksmiths do not need to be listed. There is no need to list contracts with cities, counties, or other townships, as we are already aware of their insurance coverage.

If you don't attach a copy of a workers' compensation or a commercial liability certificate of insurance for each contractor the township will be charged either a \$25 fee per contractor or additional premium. Attachments must be in PDF format if returning by email. Photos cannot be accepted. List the amount paid to a contractor only if no insurance certificate is attached. Only list amount paid for labor (not for equipment, materials, taxes, etc.)

Contractor Name	Type Of Work	Insurance Certificate attached?	2020 Payments (<u>only</u> if no Certificate)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

The undersigned declares that all statements set forth herein are true, complete and accurate.

Signature _____ Phone Number (____) _____

Print Name _____ Title _____

This audit must be returned to Minnesota Association of Townships Agency by January 31, 2021.
***You may fax, email or mail. If you are faxing or emailing you DO NOT need to mail the hard copy. Thank you.**