



## COMPENSATION ADVISORY ORGANIZATION OF MICHIGAN

JERRY J. STAGE  
President  
CEO  
Ext. 211

JON D. HEIKKINEN  
Senior Vice President  
CAOM Operations  
Ext. 225

GARY L. THOMPSON  
Vice President  
MWCPF Operations  
Ext. 224

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**CIRCULAR LETTER #181 TO ALL MEMBERS  
OF THE COMPENSATION ADVISORY ORGANIZATION OF MICHIGAN  
RE: EXPERIENCE MODIFICATION SERVICE – EFFECTIVE APRIL 15, 2003**

Dear Carrier:

The Compensation Advisory Organization of Michigan is pleased to announce the introduction of a web-based experience modification service that will allow member carriers the ability to access, by employer name, Federal Employer ID Number or CAOM risk ID number, the insured's most recent experience modification. This program will display the current modification promulgated using the latest Data Collection Agency's pure premium or the Michigan Workers' Compensation Placement Facility's rating values.

Each member carrier will receive, following receipt of the subscription form, a user ID and a password that will be needed to access the employer experience modification site. The cost of this service will be \$1,000 per quarter per carrier group. This charge will be assessed on the member's quarterly assessment.

Attached is a form that must be completed and returned to CAOM. Once this form is received, you will be assigned your user ID and password for access to this secured web site. Subscriptions to this service will be ongoing and can be cancelled at any time.

Sincerely,

Jon D. Heikkinen

**COMPENSATION ADVISORY ORGANIZATION OF MICHIGAN  
ORDER FORM FOR EXPERIENCE MODIFICATION WEB LOOK-UP SERVICE**

EMAIL / FAX / MAIL THIS FORM TO:

[caom@caom.com](mailto:caom@caom.com) (734) 462-9721 fax

CAOM

PO BOX 3337

LIVONIA, MI 48151-3337

**SUBSCRIPTION FEE:** \$1,000 Per Quarter Per Company

To be assessed on each carrier's quarterly CAOM assessment

**After receipt of form, a user id and password will be issued.**

Name	
Title	
Carrier Name	
Carrier Number	
Carrier Group Name	
Carrier Group Number	
Address	
City, State, Zip	
Phone Number	
Fax Number	
E-Mail	