

# Construction Classification Premium Adjustment Program (CPAP)

## *Step-by-Step Guide*

*created by*

**FLEURY**



RISK MANAGEMENT

# *Introduction*

This guide details how to properly complete a paper **Construction Classification Premium Adjustment Program (CPAP)** using information from a NYSIF policy and then transfer the content to the online form.

Although not required, it is recommended that the person completing the CPAP uses a paper copy of the form first and then transfers the correct information to the online application to avoid errors.

For questions about the application process or this guide, please contact our office at: **518-478-6314 ext. 102** or **frm@fleuryrisk.com**.

# Step 1

Copy **insured name, RB FILE #, policy number, policy effective date, and carrier** from your Workers' Compensation policy and fill them in the coordinating highlighted spaces shown below.

<b>THE STATE INSURANCE FUND</b> 199 Church St, New York, NY, 10007-1100 (888) 875-5790							
Document Type: <b>INFORMATION PAGE</b>	Group No: <b>497</b>	Period Covered: * <b>07/01/2017 TO 07/01/2018</b>	R.B. File No: <b>000123456R</b>				
<b>INSURED:</b> <b>Z 1234 567-8</b>	<b>GROUP MANAGER:</b> <b>497</b>	<table border="1"><tr><td>Policy No: <b>Z 1234 567-8</b></td></tr><tr><td>Date: <b>12/28/2017</b></td></tr><tr><td>Document Number: <b>E10000123456</b></td></tr><tr><td><b>MP 2000</b></td></tr></table>		Policy No: <b>Z 1234 567-8</b>	Date: <b>12/28/2017</b>	Document Number: <b>E10000123456</b>	<b>MP 2000</b>
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Date: <b>12/28/2017</b>							
Document Number: <b>E10000123456</b>							
<b>MP 2000</b>							
<b>INSURED NAME</b>	<b>FLEURY RISK MANAGEMENT</b>						
<b>INSURED CONTACT</b>	<b>28 CORPORATE DRIVE</b>						
<b>STREET ADDRESS</b>	<b>SUITE 104</b>						
<b>CITY, STATE ZIP</b>	<b>CLIFTON PARK NY 12065</b>						
<small>* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME</small>							
<b>TYPE OF BUSINESS: POLITICAL SUBDIVISION</b>							



<b>NEW YORK WORKERS COMPENSATION PREMIUM CREDIT APPLICATION</b>			
<b>INSURED</b> <span style="background-color: #ADD8E6; border: 1px solid black; display: inline-block; width: 300px; height: 15px;"></span>	<b>COVERAGE ID NO.</b> <span style="background-color: #FFFF00; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>		
<small>(DO NOT LEAVE POLICY # BLANK)</small>	<small>COMPLETE</small>	<small>(DO NOT LEAVE CARRIER BLANK)</small>	
<b>POLICY NO.</b> <span style="background-color: #FFC0CB; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	<b>EFFECTIVE DATE</b> <span style="background-color: #B0C4DE; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	<b>CARRIER</b> <span style="background-color: #3CB371; border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	

# Step 2

Determine the 3rd quarter payroll dates that will be used for the application. Below is a sample chart detailing application dates and payroll limits. For the most recent dates and limits or if you are not in one of our safety groups, please contact our office for further assistance.

Safety Group	Policy Effective Date	Payroll Needed	Date to be Placed on Application	Payroll Limit for Commercial Work
497	7/1/2017 - 6/30/2018	3rd Quarter of 2016	9/30/16	\$1296.48
497	7/1/2018 - 6/30/2019	3rd Quarter of 2017	9/30/17	\$1305.92

Once the date has been determined, transfer it to the section of the application highlighted below.

The foregoing is based on actual wages and hours worked, as reflected in our payroll records, for the complete calendar quarter ending                     . Do not send payroll records or tax forms.

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_



# Step 4

To prepare your 3rd quarter wages paid (use the correct period of time from Step 2):

- > Pull your weekly payroll records for each employee (straight time, overtime, and hours worked) for the appropriate period of time. Assign every employee to the appropriate classification code.
- > Input the payroll number for **EACH** class code to the nearest whole number.
- > Overtime pay is to be calculated as straight time pay (*not time and a half*).
- > **EXECUTIVE OFFICERS:** Actual payroll should be included if they are covered.

Once calculated, input 3rd quarter wages paid to all employees in the section highlighted in **blue**. For those employees whose payrolls are capped, use the maximum allowable for each individual.

<u>CLASSIFICATION</u>	<u>CODE</u>	<b>3<sup>RD</sup> QUARTER NEW YORK WAGES PAID*</b>	<b>TOTAL HOURS WORKED</b>
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		

Hours worked for the class codes noted should be filled in the section highlighted in **pink**.

**EXECUTIVE OFFICERS** and **SALARIED EMPLOYEES** use 520 hours (40 hours/week x 13 weeks) regardless of the hours actually worked. Round to the nearest whole number.

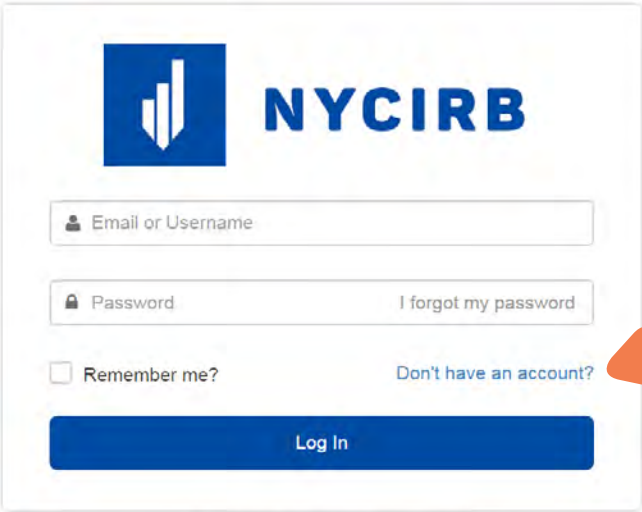
# Step 5

Using a completed copy of the paper form, the user should navigate to the online CPAP form at <http://www.nycirb.org/cpap.php>. From the home screen, click on the button labeled **CLICK HERE TO PROCEED TO THE NEW SYSTEM**.

The screenshot displays the NYCIRB website's home page for the Construction Classification Premium Adjustment (CPAP). At the top, the NYCIRB logo is on the left, and a navigation menu with links for ONLINE SERVICES, RESEARCH AND REPORTS, MANUALS, FORMS, ACTUARIAL, RC BULLETINS, and ABOUT is on the right. A large blue banner features a graduation cap icon and the text "CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT" with "HOME PAGE" and "ONLINE SERVICES" below it. The main content area is white and contains the heading "CPAP REDESIGNED" followed by the text "We have recently updated the Construction Classification Premium Adjustment Program to a new version." Below this text are two blue buttons: "CLICK HERE TO PROCEED TO THE NEW SYSTEM" and "CLICK HERE TO OBTAIN FACTORS CALCULATED BEFORE MARCH 20, 2017". A large orange arrow points to the first button. The footer is a dark blue bar with three columns: "CONTACT US" (Address: 733 Third Avenue, 5th Floor, New York, NY 10017; Phone: 212-697-3535; E-mail: info@nycirb.org), "QUICK LINKS" (Experience Ratings, Modifications, Classification Premium Adjustment, Class Code Search, View All Online Services), and "RC BULLETINS" (2018-01-03 Save the Date 2018 New York State Workers' Compensation Forum and Annual Meeting, 2017-12-22 New York Workers Compensation Statistical Plan Revision, 2017-12-21 Data Genie Release - December 28, 2017, 2017-12-13 2017 Workers' Compensation Medical Payments Study, View All RC Bulletins).

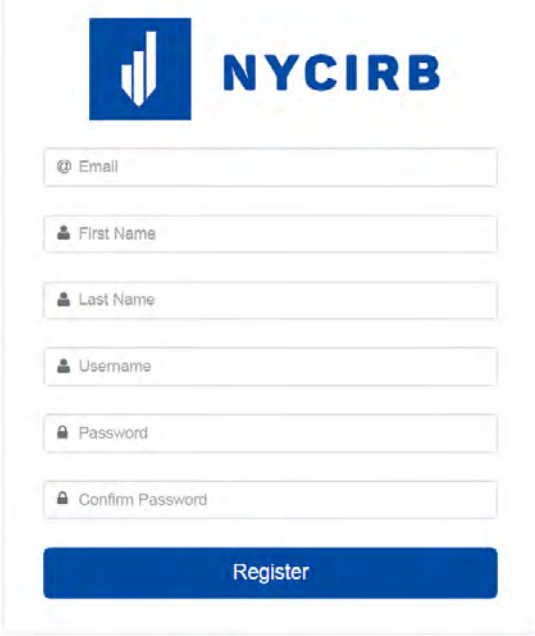
# Step 6

Returning users can enter their username and password. New users should select **DON'T HAVE AN ACCOUNT?** which will prompt them to set up a new username and password for the system.



The login form features the NYCIRB logo at the top left. Below it are three input fields: 'Email or Username', 'Password', and 'Remember me?'. To the right of the 'Password' field is a link for 'I forgot my password'. To the right of the 'Remember me?' field is a link for 'Don't have an account?'. A blue 'Log In' button is positioned below the input fields. At the bottom, there is a copyright notice: 'Copyright © - NYCIRB Authentication 2018'. An orange arrow points to the 'Don't have an account?' link.

Copyright © - NYCIRB Authentication 2018



The register form features the NYCIRB logo at the top left. Below it are six input fields: '@ Email', 'First Name', 'Last Name', 'Username', 'Password', and 'Confirm Password'. A blue 'Register' button is positioned below the input fields. At the bottom, there is a copyright notice: 'Copyright © - NYCIRB Authentication 2018'. A large blue arrow points from the login form to this register form.

Copyright © - NYCIRB Authentication 2018

# Step 7

Once users have successfully logged in to their existing or new account, they will see their user dashboard as shown below.

The screenshot shows the NYCIRB user dashboard. At the top left, the NYCIRB logo is displayed. The main navigation menu includes: ONLINE SERVICES, RESEARCH AND REPORTS, MANUALS, FORMS, ACTUARIAL, RC BULLETINS, and ABOUT. The user profile is Jane Sample, User. The dashboard title is CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM. The main content area is divided into two sections: NYCIRB Updates and Quick Links. The NYCIRB Updates section features a blue button for 'Upgraded Construction Classification Premium Adjustment Program ("CPAP")' and a paragraph of text: 'We are pleased to announce that the Rating Board has redesigned and upgraded its Construction Classification Premium Adjustment Program ("CPAP") online application. The enhanced application reflects our renewed commitment to customer experience. By way of brief background, the Rating Board first implemented CPAP in 1993 to address premium differences between high wage and low wage paying employers in the construction industry. The online application enables users to submit CPAP applications online, and the most recent redesign reduces processing and notification turnaround time of those applications. Specifically, the redesigned online application validates and processes each application in real-time, and provides users with construction credit worksheets upon successful submission. In addition, upon entering a single user-id and password, users will now be able to submit and view all applications and their respective worksheets on a comprehensive summary page.' Below this text is a link: '+ What is Construction Classification Premium Adjustment?'. The Quick Links section contains two buttons: 'VIEW YOUR SUBMITTED APPLICATIONS' (green) and 'START NEW CPAP APPLICATION' (blue). A large orange arrow points to the 'START NEW CPAP APPLICATION' button.

From here, users should then select the **START NEW CPAP APPLICATION** button to begin filling out the online version of the CPAP.

# Step 8

In the first step, users will be prompted to enter their **policy number** and **insurance carrier**. All users should include the letter that appears before their policy number. For NYS Public Entities Safety Group 497 members, this will always be the letter "Z" (as circled in red below). For the **carrier**, users should either type or select **STATE INSURANCE FUND** from the drop down menu (circled in orange below). Policy effective dates will pre-populate based on the policy number entered. Users should make sure to select the **INSURED** radio button (circled in green) before clicking the **START APPLICATION** button to continue.

CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM → NEW APPLICATION

Step 2/5 - Identify Your Application

Z12345678 STATE INSURANCE FUND

07/01/2017 07/01/2018

Insured  Agent  Other

**Quick Tip**

- Please use the **Policy Number** and **Carrier** directly from the letter you recieved from NYCIRB or your insurance carrier.
- If you are entering a policy number and carrier and the effective date does not populate, that means the policy number is incorrect and you will need to check your WC policy for the correct policy number.

BACK START APPLICATION

# Step 9

Users are then prompted to enter their **name**, **title**, **email address**, and **telephone number** in the boxes shown below.

The screenshot shows a web application interface for a 'CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM - NEW APPLICATION'. The current step is 'Step 3/5 - Confirm Personal Details'. The form contains four input fields: 'Name' (Jane Sample), 'Title' (Treasurer), 'Email Address' (janesample@anytown.org), and 'Telephone Number' (5555555555). A 'Quick Tip' box states: 'This information will be stored online and used to help you track down your applications.' At the bottom right, there are 'BACK' and 'NEXT' buttons.

Field	Value
Name	Jane Sample
Title	Treasurer
Email Address	janesample@anytown.org
Telephone Number	5555555555

**Quick Tip**  
This information will be stored online and used to help you track down your applications.

[BACK](#) [NEXT](#)

# Step 10

Step 4 of the online application **should only be completed if your organization has Executive Officers to list**. **Third quarter wages** should be entered into the box circled below before continuing onto the next step.

CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM → NEW APPLICATION

Step 4/5- Executive Officers

1	8809	EXECUTIVE OFFICERS NOC-NOT FOREMEN	Wages	520
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**Quick Tips**

- ☰ If you have executive officers that are included on the policy, they are to be entered into this section.
- If the executive officer uses any other code and does other or additional work, do not enter it in this section.
- If the executive officer is **excluded** from the policy **do not** enter any information for them.
- Be advised, there is a minimum/maximum allowed for executive officers per quarter. Your input will be adjusted accordingly if it does not meet the minimum/maximum requirements.

BACK NEXT

# Step 11

The next screen prompts users to enter all classification codes found on their policy (*circled in red*). The **name of the classification code** will automatically populate once the code is entered (*circled in blue*). **Third quarter wages** (*circled in orange*) and **hours worked** (*circled in green*) should be filled in for each classification code.

CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM — NEW APPLICATION

Step 5/5- Classification Codes

1	9402	STREET CLEANING	94300	480
2	9410	MUNICIPAL, TOWNSHIP, COUNTY or STATE EMPLOYEE NOC	86550	500
3	5506	PAVING or REPAVING	63925	480
4	8820	ATTORNEY-ALL EMPLOYEES-& CLERICAL, MESSENGERS, DRIVERS	47000	480
5	6319	GAS MAIN or Connection CONSTRUCTION	14150	500
6	8391	AUTOMOBILE SALES OR SERVICE AGENCY-ALL OPERATIONS-& DRIVERS	14150	450
7	5183	PLUMBING NOC	7775	200
8	9026	BUILDING OPERATION-COMMERCIAL-NO DWELLING OCCUPANCY EXCEPT BY OWNER	6225	150
9	0042	LANDSCAPE GARDENING	6175	200
10	7720	POLICE OFFICERS	6050	150

**Quick Tip**  
If you are unclear as to what class codes to enter here, please look at your Workers Compensation policy. All the codes listed on the policy must be entered in this section with the 3rd quarter wages and hours.

BACK NEXT

# Step 12

The final screen (shown on right) will display a summary of all the information entered including the **Insured Name, Policy Number, Coverage ID, Carrier Name, Executive Officers, Classification Codes, and Contact Information** for the user (including **Name, Title, Email, and Telephone**).

If all information shown is correct, the user can select the **SUBMIT** button to file the CPAP.

If the user has any changes, they should be made using the **BACK** button.

INSURED	POLICY NUMBER	COVERAGE ID	CARRIER NAME
INSURED NAME	Z12345678	0123456	STATE INSURANCE FUND

**NOTICE:** This application will not be processed unless it is signed and completed in its entirety. Contact your agent, broker, or insurance company if assistance is needed. If the application is not sent to the Rating Board three (3) months prior to renewal, a letter, on the insured's letterhead, addressed to the Rating Board, must be attached to the application, indicating why it was not sent in on time. If there is no letter with the application, it will not be processed.

1. Qualifications - An insured must be experience rated for the policy period applied for and must have an average hourly wage of \$23.25 or higher per hour under an eligible classification code, for policies effective 10/1/13 and later. For policies effective prior to 10/1/13, the average hourly wage must be \$15.50 or higher. Include all eligible and non-eligible codes on the application. Always visit the website for the most current CPAP form or any changes to the program.
2. Classification(s), Code(s), Total Wages Paid for residential work only or Limited Payroll for commercial work applicable to the Payroll Limitation Law, Total Hours Worked and calendar quarter reported must be indicated. Once completed, keep a copy for yourself. NOTE: Limited Payroll for commercial work means the weekly maximum (see attached) for work on structures other than one or two family dwellings in accordance with the Payroll Limitation Law. If you perform commercial work under any eligible code(s) enter each employee for the weekly maximum only and their total hours worked (ex. 13 weeks X Limited Payroll (see attached) = total wages).
3. Construction and non-construction wages must be included. DO NOT include the payrolls for subcontractors and independent contractors. A separate application is required for each policy. The eligibility and determination of a CPAP factor will be done on a per policy basis. This includes insured's that are combined for experience rating purposes and for wrap-up policies.
4. Each executive officer's wage and title is to be separately shown under the appropriate classification code. Hours worked for each executive officer are to be stated as 520 per quarter (if the executive officer(s) are excluded from coverage, then no entry is required).

EXECUTIVE OFFICERS				
#	Code	Description	Wages Paid*	Hour
CLASSIFICATION CODES				
#	Code	Description	Wages Paid*	Hour
1	9402	STREET CLEANING	94300	480
2	9410	MUNICIPAL, TOWNSHIP, COUNTY or STATE EMPLOYEE NOC	86550	500
3	5506	PAVING or REPAVING	63925	480
4	8820	ATTORNEY-ALL EMPLOYEES-& CLERICAL, MESSENGERS, DRIVERS	47000	480
5	6319	GAS MAIN or Connection CONSTRUCTION	14150	500
6	8391	AUTOMOBILE SALES OR SERVICE AGENCY-ALL OPERATIONS-& DRIVERS	14150	450
7	5183	PLUMBING NOC	7275	200
8	9026	BUILDING OPERATION-COMMERCIAL-NO DWELLING OCCUPANCY EXCEPT BY OWNER OR CUSTODIAN	6225	150
9	0042	LANDSCAPE GARDENING	6175	200
10	7720	POLICE OFFICERS	6050	150

\* EXCLUDING OVERTIME PREMIUM PAY. Overtime premium pay is the wage paid above the straight time hourly pay. Ex: If an employee earns \$20/hr. but earns overtime pay at an hourly rate of \$30, exclude the additional \$10. Include the total hours worked at straight time wage not time and one half.

The foregoing is based on actual wages and hours worked, as reflected in our payroll records, for the complete calendar quarter ending \_\_\_\_\_. Do not send payroll records or tax forms.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NAME	TITLE	EMAIL	TELEPHONE
Jane Sample	Treasurer	janesample@anytown.org	(555) 555-5555

**PRINT** **BACK** **SUBMIT**