



The MEMIC Group
P.O. Box 11409
Portland, ME 04104

1-800-660-1306
audit@memic.com

Audit Review Request/Dispute Form

Policyholder:	
Policy Number:	
Officer/Owner Name	
Email Address:	
Phone Number:	

Reason: (Please check the most applicable reason for the premium audit dispute. Note: Multiple reasons can be checked)

☐	Officer / Owner	☐	Payroll Amount	☐	Employee Classification	☐	Subcontractors
☐	Comp-As-You-Go	☐	Other:				

Policyholder Explanation: (Please explain the premium audit dispute and the proposed solution. Attach additional pages if needed.)

Supporting Documentation: (Depending on the corresponding premium audit dispute reason, MEMIC will request to review the following information.)

1. **Officer:** Please identify the Officer, LLC Member, Partner, or Sole Proprietor being disputed. If applicable, please provide the appropriate State specific exclusion form. MEMIC may request verification of ownership. If the officer's classification is disputed, please see section three.
2. **Payroll Amount:** Please identify the payroll item(s) or amount(s) being disputed. MEMIC will request to review supporting Payroll Records as well.
3. **Employee Classification:** Please list the name of each disputed employee or position, their proposed classification, and a detailed description of their day-to-day job duties and responsibilities.
4. **Subcontractors:** Please list the disputed subcontract labor by name and detail the services performed. Please note, MEMIC will request to review their certificate of Workers' Compensation Insurance (all states) or an Independent Contractor Statement (Maine Only). Please note, this documentation must be effective when the services were performed. Additionally, evidence of general liability insurance is not sufficient for exclusion.
5. **Comp-As-You-Go (CAYG):** Premium shifts arising when the policy is on a CAYG pay plan may be attributed to the final audited payroll or classifications differing from the CAYG reporting. Please follow sections two and three for providing supporting documentation pertaining to a CAYG dispute.

Note to Policyholder: MEMIC recommends against distributing personal information such as an employee's individual wages or tax documentation containing social security numbers through an unsecured email. If the dispute's supporting documentation contains personal information, please notify Audit@MEMIC.com and a representative will provide a web link to a secure server for the supporting documentation to be submitted through.

Submitting to MEMIC:

This form can either be submitted via e-mail to Audit@MEMIC.com, fax to 888-248-9049, or mail to P.O. Box 11409, Portland, ME 04104.

MEMIC prefers for the premium audit dispute to be submitted by the policyholder. A premium audit dispute on a prior policy period does not absolve Policyholder's installments or CAYG payments to a current term. Please reach out to our Audit Department at 800-660-1306 with questions or concerns.

Please be aware that requesting a review of your audit results does not suspend payment obligations. The undisputed portion of your bill remains due. Once all requested documentation and information have been provided, MEMIC will review the submission and advise you of the outcome.