

[Company Name]  
[Address Line 1]  
[City, State, Zip Code]  
[Date]

[Recipient Name]  
[Title]  
[Client Company Name]  
[Address Line 1]  
[City, State, Zip Code]

**Subject: Annual Performance Review and Experience Modifier (E-Mod) Assessment**

Dear [Recipient Name],

We have completed your annual insurance and safety performance review. A primary focus of this assessment was evaluating your Experience Modification Factor (E-Mod) and its impact on your workers' compensation premiums.

**Current Assessment:**

- Current E-Mod Rating: [0.00]
- Review Period: [Year] to [Year]
- Status: [Improved/Maintained/Increased]

**Reduction Strategy and Findings:**

Based on our analysis of your claims history and current safety protocols, we have identified the following areas for cost reduction:

- [Finding 1: e.g., Frequency of minor medical-only claims]
- [Finding 2: e.g., Effectiveness of Return-to-Work programs]
- [Finding 3: e.g., Accuracy of unit statistical reporting]

**Action Plan for Modifier Reduction:**

1. [Action 1: e.g., Implementation of safety training modules]
2. [Action 2: e.g., Quarterly claims advocacy meetings]
3. [Action 3: e.g., Verification of payroll audits and class codes]

Our goal is to achieve an E-Mod reduction of [Percentage]% over the next [Timeframe]. This reduction will directly lower your mandatory insurance premiums and improve your standing for competitive bidding processes.

We will schedule a follow-up meeting on [Date] to discuss the implementation of these strategies. Please contact me at [Phone Number] or [Email] if you have questions regarding this assessment.

Sincerely,

[Your Name]

[Your Title]

[Department Name]