



How to Complete an e-Audit

Visual Audit Instruction Guide

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e-Audit Login

1. Log in to <https://webaudit.mem-ins.com>

NOTE: Use a Google Chrome or Mozilla Firefox browser for the best experience.

2. Reference the e-Audit Request letter or email and locate the **Pin Number** and **Pass Code**.

The image shows a sample e-Audit Request letter from MEM. At the top left is the MEM logo. To the right of the logo is the date 06/03/2025. Below the logo is the address: Test Audit, 101 N. Keene St., Columbia, MO 65201. The letter is addressed to Policy No. 3022284 for the audit period 06/01/2024 to 06/01/2025. The subject is 'e-Audit Request'. The letter explains that as the business grows, the Premium Consultation team is ensuring the audit is completed online. It provides a secure link to the audit portal and lists the Pin Number (1111111111111111) and Pass Code (999999999). It also provides contact information for the Premium Consultation team.

MEM

06/03/2025

Test Audit
101 N. Keene St.
Columbia, MO 65201

Re: Policy No.: 3022284 | Audit Period: 06/01/2024 to 06/01/2025

e-Audit Request

As your business evolves and grows, our Premium Consultation team is here to ensure you're paying premiums based on your actual payroll and exposure – nothing more, nothing less. Your workers compensation policy with MEM is due for an audit.

- We want to perform your audit online for the policy period 06/01/2024 to 06/01/2025. Please follow the secure link below, complete the online forms, and submit the - Payroll reports used to complete the audit online within 55 days from this notice date. Once the online forms are complete and the requested documentation is received, we will review the information and contact you if any additional information is needed.

To enter the online audit information, please visit <https://webaudit.mem-ins.com> using a Firefox or Google Chrome web browser and log in using the information below:

- Pin Number: 1111111111111111
- Pass Code: 999999999

To ensure a smooth audit and avoid potential delays or additional charges (including up to double your estimated premium), timely completion of the entire audit process, including submitting all requested records, is crucial. We understand this may require some effort on your part, and we're here to help! As your trusted work comp partner, please don't hesitate to contact the Premium Consultation team at 573.507.4410 or eAudit@mem-ins.com if you have any questions or need help.

Sincerely,

The Premium Consultation team

3. Enter the **Pin Number**.
4. Enter the **Pass Code**.
5. Select **Login Now**.

The image shows the 'Online Audit Login' form. It features the MEM logo at the top. Below the logo are two input fields: 'Pin Number' and 'Pass Code'. The 'Pin Number' field contains the value '1111111111111111'. The 'Pass Code' field contains a series of dots. To the right of the 'Pass Code' field is a small icon of a person. A 'Login Now' button is located to the right of the 'Pin Number' field.

Online Audit Login

MEM

Pin Number: 1111111111111111 Login Now

Pass Code:



Dashboard

Complete the audit by progressing through the dashboard arrow tabs and their subheadings. The active timer begins at 28 minutes for each arrow section and will reset as you progress through the arrow tabs.

Utilize the [Audit Preparation Checklist](#) for a list of documents needed for your audit.

The screenshot shows the MEM Dashboard interface. At the top, there's a navigation bar with links: Log Out, Save, Request Mail Forms, Agent Info, FAQ, and Help. Below this, a welcome message "Welcome, Jane Doe!" is displayed next to a timer showing "25m 36s" and a warning: "Time remaining before your session will time out for inactivity. Please save to reset the timer." The main dashboard area features a "Completion Progress" bar at 0% and a horizontal sequence of arrow tabs: Business Info, Payroll, Subcontractors, Misc, Upload Docs, and Review. The "Business Info" tab is highlighted in blue. Below the tabs, a red box highlights the "Contact Information" sub-tab. The "Contact Information" section is expanded, showing a "Section Information" box with the text: "Please verify that we have the correct audit contact information. You can edit below if any changes are needed." Below this, there are input fields for Contact (Jane Doe), Phone # (573.442.0593), and Email (jane.doe@gmail.com). A green "Next >" button is visible in the top right corner of the section.

Business Info

The business information section contains contact information, insured information, description of operations, policy questions and locations.

This screenshot shows the MEM Business Info section. The interface is similar to the dashboard, but the "Business Info" tab is now the active section, highlighted in blue. The "Contact Information" sub-tab is also highlighted. The "Section Information" box is present, and the input fields for Contact, Phone #, and Email are visible. The "Next >" button is still present in the top right corner of the section.



Contact Information

1. Review the listed **Contact**, **Phone #**, and **Email**. **Add** or **Update** any missing information.

NOTE: This contact information will be used to answer any questions regarding the audit.

2. Select **Next**.

Insured Information

1. Review the **Address**, **Phone Number**, and **Email** for the primary business location. **Add** or **Update** any missing information.

NOTE: The information listed can be the same or different from the contact information. It is possible that the business address is not the same as the mailing address. If there is a different mailing address, it can be entered later in the audit process.

2. Leave the **Entity** as listed.

NOTE: If the entity has changed, please contact your agent, who will submit the updated information to MEM. Select **Agent Info** from the top menu if you need help finding your agent's information.

3. Select **Next**.



Description of Operations

1. Enter a **Detailed Description** of what the business does daily.

NOTE: A good description is necessary to determine the correct classification code and ensure the proper premium is charged.

2. Select **Next**.

Policy Questions

1. Enter an **Answer** to any questions on the screen.

NOTE: This screen may be blank or not show for some businesses.

2. Select **Next**.



Locations

1. No action is needed on this screen. Select **Next**.

NOTE: Please do not add, edit or delete any locations from this screen. Each location listed is numbered according to the MEM policy management system.

Location	State	Delete	Edit
1	MO	Delete	Edit

Payroll

Once an arrow section is complete, it turns green, and the completion progress is updated on the dashboard. Audits are automatically saved each time a section turns green. Once a section is green, you can log out and complete the audit later, if necessary.

The payroll section contains principal payroll information, employee payroll information and verification.



Principal Payroll Information

This screen displays the principals on the policy (owner/officer/member/sole proprietor).

1. Review the **Title** listed for each principal, but do not change any information.
2. Correct any principal misspellings in the **Name** column by clicking into the name field.

NOTE: If any principals have changed, leave as listed and contact your agent to submit updated principal information to MEM. This change requires policy endorsement and cannot be completed during an audit.

3. Review the **Code Description** for each principal. Use the **Code Description Drop-Down** to select the correct **Classification Code** for each principal.

NOTE: The code description drop-down lists the classification codes assigned to the business. The description title may not fully describe the business; however, business operations are noted within the scope of the classification. The classification code determines the best fit and rate for the type of business performed.

NOTE: A code description of 0000 is not valid and should be updated to another code listed within the drop-down menu. If unsure of the classification code, it can be left at 0000, and an auditor will review the information.

4. Leave the **Exact Duties** column blank.
5. Update the **Gross Payroll** based on the amount paid to the principals for the audit period by clicking in the gross payroll field.

NOTE: The gross payroll initially displayed was provided as an estimate at policy issuance or the last audit and needs to be updated.

6. Review the **Included** column for accuracy, but do not change any information. A yes in the included column means the principal is covered on the policy, and a no means no coverage is provided.

NOTE: If any changes need to be made, contact your agent to send the updated principal information to MEM. This change requires policy endorsement and cannot be completed during an audit.

7. Leave **Days Active** and **% Owner** information as listed.
8. Select **Next**.



Principal Payroll Information Employee Payroll Information Verification

Next >

Principal Payroll Officers Section

Section Information:
In this section, please verify that the information shown is correct. Make any changes as needed. The information shown are the business owners/officer MEM has on record. Owner/officer gross wages are capped based on the rules for the state of coverage. Missouri requires a 90/10 percentage split with 10% of wages applied to class code 8810. Gross wages listed may be more or less than the state amount and will be adjusted during the audit process. Enter the class code associated with the business even if the owners/officers are not included as a class code is required. If the class code shown is 0000 please select a different class code from the class code selection. If multiple records are listed and one is 0000 delete this line by selecting the X at the bottom of the screen.

Note: The days active will only be less than the policy period if someone became an owner/officer or left the company during the policy period.

If you need to add or remove a location please [Click here](#).

	Title	Name	Code Description	Exact Duties	Gross Payroll	Included	Days Active	% Owner
1	Owner/Partner	Jane Doe	0000 - Other		0	No	0	100
2								
3								

Employee Payroll Information

The employee payroll information section lists all employees' gross payroll.

NOTE: Do not include the principal's wages entered on the previous principal payroll information screen.

1. Answer each **Yes/No Question**.

<input checked="" type="radio"/> Yes <input type="radio"/> No	Do you have overtime payroll?
<input checked="" type="radio"/> Yes <input type="radio"/> No	Do you have double time payroll?
<input checked="" type="radio"/> Yes <input type="radio"/> No	Do you have tips payroll?
<input checked="" type="radio"/> Yes <input type="radio"/> No	Do you have severance payroll?

NOTE: An additional column will populate on the table for any yes answers.

2. Enter the **Employee Name** in the Name Field.
3. Select a **Code Description** from the Drop-Down Menu.
4. Enter a **Summary of Employee Duties** in the Exact Duties Field.
5. Enter **Employee Gross Wages** in the Gross Payroll Field.

NOTE: Gross wages should include all monies, including overtime, double-time, tips, and severance pay.

6. If applicable, enter **Employee Overtime Wages** in the Overtime Field.



NOTE: Overtime payroll should be included in the gross payroll, and that same amount should be listed in the overtime column.

7. If applicable, enter **Employee Doubletime Wages** in the Doubletime Field.
8. If applicable, enter **Employee Tips** in the Tips Field.
9. If applicable, enter **Employee Severance Wages** in the Severance Pay Field.
10. Repeat steps 2-9 for each **Employee**.

	Name	Code Description	Exact Duties	Gross Payroll	Overtime	Doubletime	Tips	Severance Pay
1	John Doe	5645 - CARPENT	Cabinet Repair	15,000	500	0	0	800
2								
3								

NOTE: Select **Add** or **Insert Rows** at the bottom of the screen for businesses with more than eight employees.

8

✓ ↩ ✂ 📄 📁 🛠 ✖ 🖨

NOTE: For businesses with over 10 employees, summarize the payroll by job function instead of listing employees individually.

11. Select **Next**.

Principal Payroll Information Employee Payroll Information Verification

Next >

Employee Payroll Information

Section Information:

In this section, please list gross payroll figures (Please enter whole dollars only) for employees in your organization. Do not include owner/officer wages from the previous section. Include any employee that received pay from your company during the policy period. This includes employees that have left your company but were paid during the policy period. Gross payroll should include bonuses and commissions. Include overtime in gross payroll and list the overtime amount in the overtime column. Please do not select 0000 for any employees, use the other codes listed.

Note: If you have more than 10 employees, please summarize the payroll by job function in lieu of listing employees individually.

If you need to add or remove a location please [Click here](#).

☒ Yes ☐ No Do you have overtime payroll?

☒ Yes ☐ No Do you have double time payroll?

☒ Yes ☐ No Do you have tips payroll?

☒ Yes ☐ No Do you severance payroll?

	Name	Code Description	Exact Duties	Gross Payroll	Overtime	Doubletime	Tips	Severance Pay
1	John Doe	5645 - CARPENT	Cabinet Repair	15,000	500	0	0	800
2								
3								



Verification

Employer quarterly reports (IRS Form 941) or state unemployment compensation reports filed every quarter will be needed to complete this section.

1. Select **Payroll Reports Used to Complete the Audit** from the drop-down.

NOTE: The **Payroll Total** field automatically displays the total payroll from the Principal and Employee Payroll Information screens.

2. Enter the **Total Wages From Quarterly 941 Column 1, Line 5c or State Unemployment** for any field beginning with **Q1, Q2, Q3, or Q4** (i.e., Q4'24, Q1'25, Q2'25).
3. Enter **Monthly Gross Payroll** for any **Months** Listed (i.e., June'24, Apr'25, May'25).

NOTE: Once all boxes contain numbers, the **Verification Total** and the **Payroll Total** should match, and the **Difference** should show 0.

4. Select **Next**.

	Jun '24	Q3 '24	Q4 '24	Q1 '25	Apr '25	May '25	Verification Total	Payroll Total	Difference
1	1250	25000	25000	25000	1250	2500	80000	80000	0

NOTE: A warning will populate if there is a difference other than zero. If the amounts are correct and should not be updated, **Explain the Difference** in the box and select **Override**.

Warning: Your Payroll verification amount differs from your reported Payroll totals. If you are not able to correct the difference, then please provide an explanation for the difference in the box below and click "override" to continue.

Enter Difference Explanation HERE



Subcontractors

The subcontractors section contains information on insured and uninsured subcontractors.

Dashboard

Completion Progress 58% Insurance Carrier: MEM Mutual Insurance Company Policy Type: Workers Compensation
Policy #: 1234567 Audit Period: 7/14/2024 to 7/14/2025

Business Info **Payroll** **Subcontractors** Misc Upload Docs Review

Finish each section from left to right. The section will turn green when complete. The selected section is blue.

Insured Subcontractors

Insured subcontractors have their own workers compensation coverage and provide the businesses they complete work for with a Certificate of Insurance (COI). The effective and expiration dates need to cover the period being audited.

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE 01/13/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES.

1234 Agency Ave.
Columbia, MO 65201

INSURED
Amy's Store
101 N. Keene St.
Columbia, MO 65201

PHONE: 455.4600 FAX: POLICY NO. 1234567-08

INSURER(S) AFFORDING COVERAGE NAC #
INSURER A: MEM Mutual Insurance Company 0000-10191

INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

EXCLUSIONS AND CONDITIONS OF EACH POLICY. LIMITS SHOWN MAY HAVE BEEN MODIFIED BY PAID CLAIMS.

TYPE OF INSURANCE	ADDL. SUBR. INFO. W/O.	POLICY NUMBER	POLY EFF. DATE (MM/DD/YYYY)	POLY EXP. DATE (MM/DD/YYYY)	LIMITS
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES \$ 500,000
WORKERS COMPENSATION AND EMPLOYERS LIABILITY		MEM 1234567-08	01/11/2025	01/11/2026	PER STATUTE L. EACH ACCIDENT \$ 500,000 L. DISEASE - EA EMPLOYEE \$ 500,000 L. DISEASE - POLICY LIMIT \$ 500,000

CERTIFICATE HOLDER: Amy's Store
101 N. Keene St.
Columbia, MO 65201

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

1. Enter the **Insured Subcontractors Business Name** in the Business Name field.
2. Enter the **Total Amount Paid** to the subcontractor in the Total Paid field.



3. Enter a **Description of Work Performed** by the subcontractor in the Describe Work Performed field.
4. Enter the **State Where the Business is Located** in the State of Work field.
5. Leave the Insurance Limits field **Blank**.

NOTE: This information is not needed for the audit.

6. Enter the **Insurer** in the Subcontractor's Insurance Company field.

NOTE: The company name is found on the COI in the Insurer Approving Coverage section.

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	MEM Mutual Insurance Company	0000-10191
INSURER B:		
INSURER C:		
INSURER D:		

7. Enter the **Policy Number** in the Cert of Insurance Policy Number field.

NOTE: The policy number is in the Workers Compensation and Employers Liability section on the COI.

PER LTR	TYPE OF INSURANCE	ADD. SUBR. INFO. WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES - \$
	LA. HAZ. & POLLUT.					\$
	ED. AUTOS ONLY					\$
	NON-OWNED AUTOS ONLY					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N N/A	123456789	04/18/2025	04/18/2026	X PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

NOTE: If the workers compensation and employers liability section is blank, the company does not have work comp coverage and is considered an uninsured subcontractor.

8. Enter the **Policy Effective Date** in the Cert of Insurance Effective Date field.
9. Enter the **Policy Expiration Date** in the Cert of Insurance Expiration Date field.

NOTE: The policy's effective and expiration dates are in the Workers Compensation and Employers Liability section on the COI.

PER LTR	TYPE OF INSURANCE	ADD. SUBR. INFO. WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES - \$
	LA. HAZ. & POLLUT.					\$
	ED. AUTOS ONLY					\$
	NON-OWNED AUTOS ONLY					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N N/A	123456789	04/18/2025	04/18/2026	X PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

10. Repeat steps 1-9 for all **Insured Subcontractors**.
11. Select **Next**.

Insured Subcontractors

Uninsured Subcontractors

☒

Next >

Insured Subcontractors Section

Section Information:

In this section, please list all INSURED subcontractors. Fill in the information below for each column including all data from each insured subcontractor's certificate of insurance. If you do not have INSURED subcontractors click Next.

	Business Name	Total Paid	Describe Work Performed	State of Work	Insurance Limits	Subcontractor's Insurance Company	Cert of Insurance Policy Number	Cert of Insurance Effective Date	Cert of Insurance Expired Date
1	Test Company	5000	Worked in the shop	MO		MEM Mutual Insurance Company	PolicyNumber	4/18/2025	4/18/2026
2									

Uninsured Subcontractors

Uninsured subcontractors are companies or individuals that have worked for your business, but do not have work comp coverage, and are not company employees.

1. Enter the **Business or Individual Name** of the Uninsured subcontractor in the Business Name field.
2. Enter the **Total Paid to the Uninsured Subcontractor During the Audit Term** in the Total Paid field.
3. Select a **Code Description** that best describes the work performed.

NOTE: Do not select Code 0000.

4. Enter the **State Where the Business is Located** in the State of Work field.
5. Check the **Labor Box** if the uninsured subcontractor performed labor.
6. Check the **Materials** and/or **Equipment Box** if any materials or equipment belonging to the uninsured Subcontractor were used.
7. Repeat steps **1-6** for all **Uninsured Subcontractors**.
8. Select **Next**.



Miscellaneous

The Miscellaneous section is used to document changes made throughout the audit.

1. Enter **Yes** or **No** to the “Do you use subcontractors or non-employee contract labor?” question.
2. Select **Yes** or **No** from the Drop-Down menu regarding updated information entered during the audit.

NOTE: If you select Yes, check any boxes of the changed information.

3. Enter the **Total Number of Employees** for Your Business.
4. Enter the **Number of Employees** during a normal workday.
5. Enter **Your Name** in the Audit Completed By field.
6. Enter **Your Title** in the Title field.
7. Enter **Your Phone Number** in the Contact # field.
8. Enter **Your Email Address** in the Contact Email field.

NOTE: Audit completion information is collected, should we need to reach out to discuss the information in the audit.

9. Select **Next**.



☐

Next >

Miscellaneous Section

Do you use subcontractors or non-employee contract labor? ☒ Yes
If you have entered Yes to the above question please make sure that you have filled out the subcontractor information on the previous screen.

Did you enter updated information for any of the information below during this audit? ☐ No

Check those that apply:

☐ Physical address
☐ New business locations
☐ Phone number
☐ Mailing address
If different than physical address
☐ Email address
☐ Owner/officer/partner/member information

How many total employees does your business have?
How many employees during a normal work day?

Audit Completed By: Title:
Contact #: Contact Email:

Upload Documentation

Upload any supporting audit documentation in this section, including payroll reports used to complete the audit, verification documentation, and insured subcontractor COIs.

Dashboard

Completion Progress 83%

Insurance Carrier: : MEM Mutual Insurance Company
Policy #: 1234567

Policy Type: Workers Compensation
Audit Period: 7/14/2024 to 7/14/2025

Business Info Payroll Subcontractors Misc Upload Docs Review

Finish each section from left to right. The section will turn green when complete. The selected section is blue.

1. Select Upload Files.

☐

Next >

Upload Documentation

Section Information:

Below are files that are required to be uploaded to complete your audit.

- Payroll reports used to complete the audit

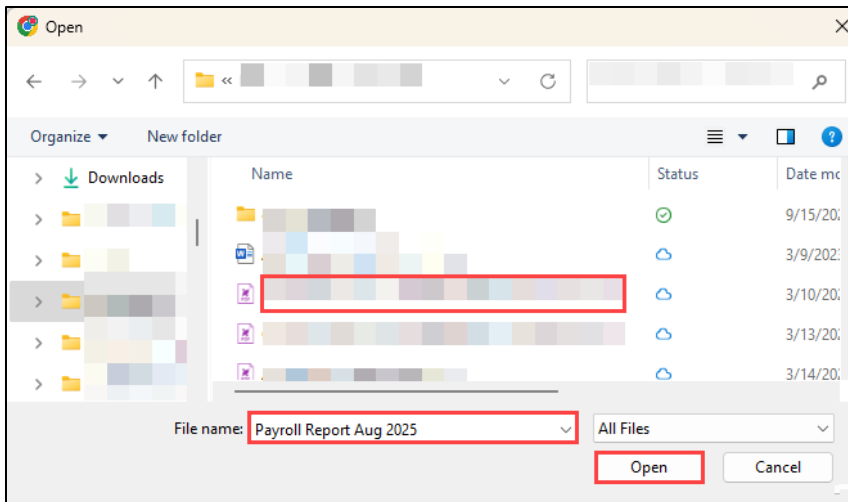
Uploading Files

To upload supporting documentation, please click the "Upload files" button, and after the upload is complete, you will see the uploaded file appear in the grid below. Note: You may upload one file at a time (do not exceed a file size of 7mb for a single file or a total of 12 files uploaded).
If your files exceed the listed file size limits or file total limits, please contact us to arrange for a secure upload link.
Acceptable file types include .PDF, .XLS, .XLSX, .DOC, .DOCX, .TIFF, .JPG, .TXT

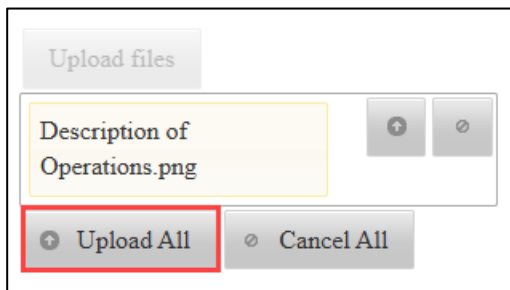
Upload files

NOTE: Files must be uploaded one at a time.

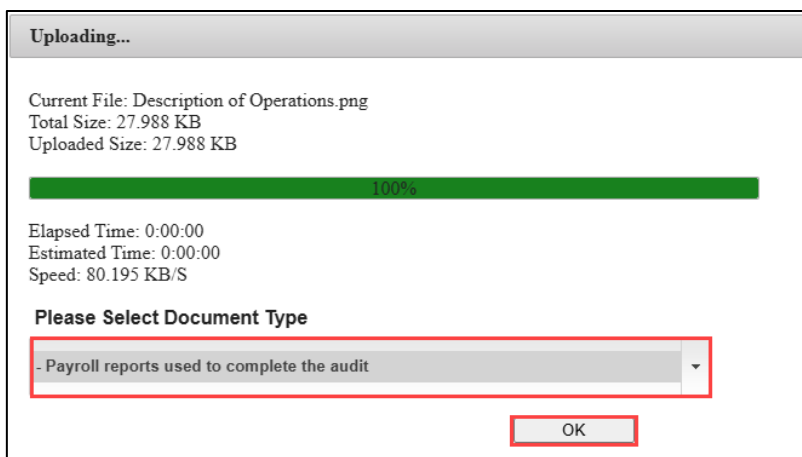
2. Locate the **File on Your Computer**.
3. Select **Open**.



4. Select **Upload All**.



5. On the Uploading Dialog Box, leave the Document Type as **Payroll Reports Used to Complete the Audit**.
6. Select **OK**.





- Completed uploads will display under **Uploaded Files**.

Uploading Files
To upload supporting documentation, please click the "Upload files" button, and after the upload is complete, you will see the uploaded file appear in the grid below. Note: You may upload one file at a time (do not exceed a file size of 7mb for a single file or a total of 12 files uploaded).
If your files exceed the listed file size limits or file total limits, please contact us to arrange for a secure upload link..
Acceptable file types include .PDF, .XLS, .XLSX, .DOC, .DOCX, .TIFF, .JPG, .TXT

Upload files

Below are the already uploaded files. You may click to view or delete uploaded files.

Delete File	File Name	File Type
Delete	Continuous improvement process NB 060719.docx	- Payroll reports used to complete the audit
Delete	COI.pdf	- Payroll reports used to complete the audit

- Repeat **Steps 1-6** for each file to be uploaded.

- Select **Next**.

☐ **Next >**

Upload Documentation

Section Information:
Below are files that are required to be uploaded to complete your audit.
- Payroll reports used to complete the audit

Uploading Files
To upload supporting documentation, please click the "Upload files" button, and after the upload is complete, you will see the uploaded file appear in the grid below. Note: You may upload one file at a time (do not exceed a file size of 7mb for a single file or a total of 12 files uploaded).
If your files exceed the listed file size limits or file total limits, please contact us to arrange for a secure upload link..
Acceptable file types include .PDF, .XLS, .XLSX, .DOC, .DOCX, .TIFF, .JPG, .TXT

Upload files

Below are the already uploaded files. You may click to view or delete uploaded files.

Delete File	File Name	File Type
Delete	MEM_Workers_Compensation_Small_Deductible_Election_Form_DRA(1).pdf	- Payroll reports used to complete the audit

Review

- Select **OK** on the Complete Dialog Box to review the audit information submitted.

Complete

You have completed all sections. Please review the next page and print a copy for your records. Please submit the audit by clicking on the green "Submit Audit" button at the top of this screen.

OK



2. Review all **Audit Information** entered for accuracy.

MEM

Log Out Save Request Mail Forms Agent Info FAQ Help

Print Page Return to Edit **Submit Audit**

Policy Information

MEM Mutual Insurance Company
Policy #: 3022264
Policy Type: Workers Compensation
Policy Period: 6/1/2024 to 6/1/2025
Audited Period: 6/1/2024 to 6/1/2025

Contract Information

Test Audit
hazierstephanie@gmail.com
73-555-1212

Business Name: 5,000 Worked in the shop MO 1,000,000 MEM Mutual Insurance Company Policy number: 4/18/2025 4/18/2026

Uninsured Subcontractor Information

Business Name	Total Paid	Class Code	Describe Work Performed	State of Work	Labor	Materials	Equipment
Mike's Metal	5,000	8391	Worked in the shop	MO	True	False	False
Class Code: Description							
8391 - AUTOMOBILE REPAIR SHOP & PARTS DEPARTMENT EMPLOYEES, DRIVERS							

Uploaded Supporting Documents:

Documents:
FILE: Continuous improvement process NH 000719.docx

3. If any changes need to be made, select **Return to Edit**. To print a copy of this page for your reference, select **Print Page**.

Print Page Return to Edit **Submit Audit**

4. Once all audit information is accurate, select **Submit Audit** to send the audit information for processing.

Print Page Return to Edit **Submit Audit**

5. The success screen indicates the audit has been submitted.

MEM

Your Audit has been submitted, Thank you for your business. Note: you can no longer access your audit through the portal.

If you have any questions please feel free to contact eAudit@mem-ins.com or 573.507.4410.

Contact Information

Call: [573-507-4410](tel:573-507-4410)

Email: eAudit@mem-ins.com

visualsoftware

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NOTE: Once the audit has been submitted, the e-Audit system cannot be used to change information. If you need help making a change, contact Premium Consultation at 573.507.4410 or eAudit@mem-ins.com.

Change Audit Type

If the e-Audit process is not right for you, you can switch to a remote audit with an auditor. A remote auditor will email you and send a hard copy letter within 2-3 weeks to schedule a date for your audit.

1. On the Home Screen, select **Request Mail Forms**.



2. Verify or update the **Email Address** listed.
3. Select **OK**.

Mail Form

Please Read

Please enter your e-mail address in the box below. After you click the "OK" button, you will receive an appointment letter from a virtual auditor within 15-30 business days.

If you have questions about the online audit or would like assistance in navigating the site, please contact us at the number or e-mail address in the "Help" section at the top of the page.

Email:

Where to Get Help

If your questions were not addressed within this document, please contact **MEM Premium Consultation** at eAudit@mem-ins.com or by phone at 573.507.4410.