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Audit Process

Workers' compensation insurance is purchased to protect you and your employees if a workplace accident should occur. The premium for workers' compensation is determined by the type of business performed and the amount of wages (payroll) paid to employees/contract labor through the business. Many factors go into determining the total premium amount.

Each policy term begins with estimated payroll. These estimates determine the premium and can be paid annually, in installments, or through premium reports. The audit process is conducted at the end of each policy term to determine the correct premium amount. Maybe your business has grown, or maybe you have fewer employees. We want to make sure you are paying the correct premium.

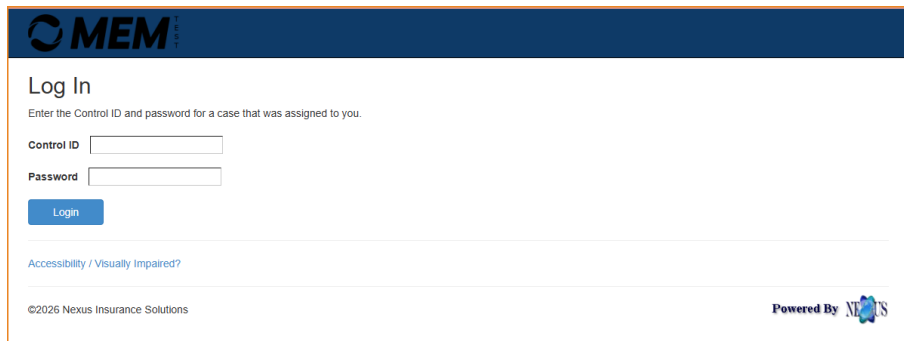
To help you prepare, here is a list of common record-keeping requirements.

- Payroll Records
 - For policies with employee payroll who file 941s
 - Payroll summary, journal or book that includes employee name, gross pay, overtime pay, and severance pay.
 - For employees working in other states, please provide payroll and hours by state.
 - Employer's quarterly reports | IRS Form 941
 - If Form 941 is not available, use the total page for the Form W-2, Form 940 or Form 943.
 - For policies without employee payroll who do not file 941s
 - For any non-employees (1099 or non-W-2 workers)
 - Records that show the names of subcontractors, what they are paid and the date of payment. Ex. Vendor summary report
 - IRS Form 1099 and Form 1096 can be used for annual policies.
 - Workers compensation Certificate of Insurance (COI) for subcontractors. The COI should cover the period during which the work was performed. You may need multiple years of certificates.

The online audit process is designed to make the audit process easier, giving you the freedom to complete the audit at a time that is convenient for you without the need of scheduling an appointment with a virtual auditor.

This guide walks you through the audit process. If, after reviewing, you decide you would rather have a virtual audit with an auditor, email eAudit@mem-ins.com to request one. Please provide your policy name and a contact email and phone number. You will receive a new email with instructions on how to proceed.

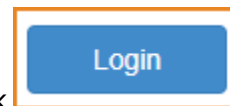
Log in screen



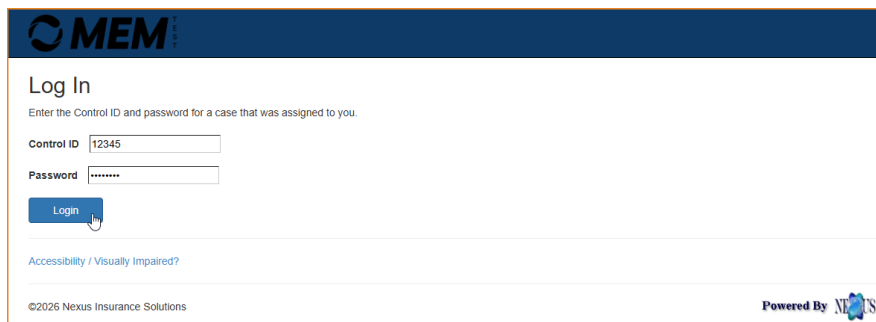
The screenshot shows the MEM Log In screen. At the top is the MEM logo. Below it, the text "Log In" is followed by the instruction "Enter the Control ID and password for a case that was assigned to you." There are two input fields: "Control ID" and "Password". Below the "Password" field is a blue "Login" button. At the bottom left, there is a link "Accessibility / Visually Impaired?". At the bottom right, it says "Powered By" followed by the Nexus logo and "©2026 Nexus Insurance Solutions".

The Control ID and Password can be found in the eAudit Request letter or email that was sent from MEM Mutual Insurance Company (example on next page). Both the Control ID and the Password are required to log in to start completing the eAudit.

For the best experience, Firefox or Google Chrome is recommended.



Once the Control ID and Password have been entered, click



This screenshot shows the MEM Log In screen with the "Control ID" field filled with "12345" and the "Password" field filled with "*****". A mouse cursor is hovering over the blue "Login" button. The rest of the page layout, including the MEM logo, instructions, accessibility link, and footer, is identical to the previous screenshot.

Sample eAudit Letter



07/01/2026

Test Audit
101 N Keene St,
Columbia, MO 65201

Re: Policy No.: 6022284 | Audit Period: 07/01/2025 to 07/01/2026

e-Audit Request

Dear Test Audit,

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. Your workers compensation policy with MEM is due for an audit for the 07/01/2025 to 07/01/2026 policy period.

To make this process as easy as possible, we would like you to complete an online e-Audit. Visit our secure website using a Google Chrome or Firefox web browser and log in with the details below:

- **Website:** myauditonline.com
- **Control Number:** 12345
- **Password:** pass4Word {Case Sensitive}

PLEASE COMPLETE THE WEB FORMS AND SUBMIT YOUR DATA BY «Return Date»

Completing the e-Audit on time is crucial to avoid delays or additional charges (including up to double your estimated premium). We'll review your audit submission and contact you only if we need more information.

|

We know completing an e-Audit can take effort, so we've created a step-by-step guide to help. It can be found on our website at: <https://www.mem-ins.com/resource/how-to-complete-an-e-audit/>.

If you have questions or need assistance, please contact us at 573.507.4410 or eAudit@mem-ins.com.

Sincerely,

The Premium Consultation team

1.800.442.0593

1.800.442.0598

101 N Keene St, Columbia, MO 65201

When logged in, the first screen to appear is General Information. There are several sections to review and questions to answer on this screen.

TEST
Test Audit Control ID 12135 Logout

General Payroll Documents Submit

General Information

Thank you for choosing MEM for your business insurance needs.

To help us serve you better, please provide the requested information on each page of this report. **When complete, click on the Submit tab to review and submit your report.**

POLICY INFORMATION

Policyholder Name	Test Audit
Policy Number	3028331
Policy Period	7/1/2025 - 7/1/2026

INSURED'S CONTACT INFORMATION

Name*	Test Audit
Title	
Email*	test@mem-ins.com
Phone*	(800) 442-0590
Phone Extension	
Fax	
Website	www.site.com

PREPARER'S CONTACT INFORMATION

☒ Same as Insured

Policy Information, including Policyholder name, policy number, and policy period, displays as the first section. The Policy Information section is informational and should not be changed.

POLICY INFORMATION

Policyholder Name	Test Audit
Policy Number	3028331
Policy Period	7/1/2025 - 7/1/2026

Insured's Contact Information

The first screen of entry is Contact Information. Make any changes or additions to the contact information here.

INSURED'S CONTACT INFORMATION	
Name*	Test Audit
Title	
Email*	test@mem-ins.com
Phone*	(800) 442-0590
Phone Extension	
Fax	
Website	www.site.com

Contact Information is needed in case we have any questions about the audit. If the information displayed is incorrect, please update. You will be prompted later in the audit process to note that this information was changed.

Continue to the next section by scrolling down the screen.

Preparer's Contact Information

If this information was not presented during policy issuance or the last audit, the default will be marked as Same as Insured.

PREPARER'S CONTACT INFORMATION	☒ Same as Insured
---------------------------------------	---

To add the contact information for the person preparing the audit, or for audit questions, remove the check mark from the Same as Insured box. The screen will expand and provide fields for entry. Enter the preparer's information.

PREPARER'S CONTACT INFORMATION		☐ Same as Insured
Name*	Robin Smith	
Title	Office Manager	
Email*	test1@mem-ins.com	
Phone*	(660) 555-1212	
Phone Extension		
Fax		
Website	www.testaudit.com	

Continue to the next section.

Business Information

BUSINESS INFORMATION

Entity Type*

Federal Tax ID*

Business Description*
Hover over the category that most closely describes your business for ideas. [Manufacturing](#) [Retail/Distributor](#) [Service](#) [Contracting](#)

Did the business make any of the following changes during the policy period? Please provide details for all changes.

Business name changed?

☐ Yes ☐ No

New products offered?

☐ Yes ☐ No

Operations changed?

☐ Yes ☐ No

Entity type changed?

☐ Yes ☐ No

Locations added or removed?

☐ Yes ☐ No

Mailing address changed?

☐ Yes ☐ No

Officers/Owners changed?

☐ Yes ☐ No

Select the Entity Type of the business from the drop-down menu. An entity is the type of business or legal structure the company uses.

BUSINESS INFORMATION

Entity Type*

Federal Tax ID*

Business Description*
Hover over the category that most closely describes your business for ideas. [Manufacturing](#) [Retail/Distributor](#) [Service](#) [Contracting](#)

Did the business make any of the following changes during the policy period? Please provide details for all changes.

Entity Type*

Corporation
Partnership
Sole Proprietor
Limited Liability Company
Limited Liability Partnership
Unincorporated Association
Non-Profit
Municipality
Other

Enter the Federal Tax ID assigned to the business. If one is not assigned, enter the business owner's SSN.

Federal Tax ID*

99-9999999

The Business Description explains what the business does daily. A good description is necessary to determine the correct classification code and to ensure the correct premium is charged.

Business Description*

Hover over the category that most closely describes your business for ideas. [Manufacturing](#) [Retail/Distributor](#) [Service](#) [Contracting](#)

Retailer selling baked goods, apparel, jewelry, shoes, home goods, etc. Also set up parties and provide a space to host them.



If any changes were made to the business during the policy period, select Yes, and provide the changes made. If none, select No.

Did the business make any of the following changes during the policy period? Please provide details for all changes.

- | | |
|-----------------------------|--|
| Business name changed? | ☐ Yes ☐ No |
| New products offered? | ☐ Yes ☐ No |
| Operations changed? | ☐ Yes ☐ No |
| Entity type changed? | ☐ Yes ☐ No |
| Locations added or removed? | ☐ Yes ☐ No |
| Mailing address changed? | ☐ Yes ☐ No |
| Officers/Owners changed? | ☐ Yes ☐ No |

The items marked as Yes will present a field, with instructions, for entry of the changes.

Did the business make any of the following changes during the policy period? Please provide details for all changes.

Business name changed? ☒ Yes ☐ No

Describe

New products offered? ☒ Yes ☐ No

Describe

Operations changed? ☒ Yes ☐ No

Describe

Entity type changed? ☒ Yes ☐ No

Describe

Locations added or removed? ☒ Yes ☐ No

Describe

Mailing address changed? ☒ Yes ☐ No

Describe

Officers/Owners changed? ☒ Yes ☐ No

List the names and dates of each that started or left

Continue to the next section.



Locations

LOCATIONS

Enter the number of employees at each location below.

Entity	Location	State	Description	Number of Employees
1	1	MO	101 N Keene St, Columbia, MO 65201	
Total				

Enter the Number of Employees for each location listed.

Continue to the next section.

Payroll

PAYROLL

Answers to the questions below determine which additional columns appear in the Payroll grid.

Did any employees receive overtime pay during the policy period? ☐ Yes ☐ No

Did any employees receive tips during the policy period? ☐ Yes ☐ No

Did any employees receive room & board? ☐ Yes ☐ No

Did any employees receive commission? ☐ Yes ☐ No

Did employees participate in 401K plans? ☐ Yes ☐ No

Did the company pay any Severance (pay not related to time worked) to former employees? ☐ Yes ☐ No

Provide the answers to the questions. Any "Yes" answers will provide additional instructions when marked. The fields for the "Yes" answers will appear when the payroll is entered.

PAYROLL

Answers to the questions below determine which additional columns appear in the Payroll grid.

Did any employees receive overtime pay during the policy period? ☒ Yes ☐ No

Select options that apply

☐ Overtime is at time and a half.
☐ Overtime is at double time.
☐ Overtime only shows premium overtime.

[Info](#)

Include overtime in Gross Wages and list separately in the overtime column.

Did any employees receive tips during the policy period? ☒ Yes ☐ No

Include tips in Gross Wages and list separately in the Tips column (if shown).

Did any employees receive room & board? ☒ Yes ☐ No

Enter the fair market value in the Room & Board column.

Did any employees receive commission? ☒ Yes ☐ No

Include commission in Gross Wages.

Did employees participate in 401K plans? ☒ Yes ☐ No

Include 401K contributions in Gross Wages.

Did the company pay any Severance (pay not related to time worked) to former employees? ☒ Yes ☐ No

Include severance pay in Gross Wages and list separately in the Severance column.

Only the first question requires an entry to be made in this section.

Contractors and Additional

The remaining two sections are Contractors and Additional.

CONTRACTORS

Did you pay any subcontractors or contract labor during this policy period? ☐ Yes ☐ No Required

ADDITIONAL

Permission to release a copy of these audit forms to your agent? ☐ Yes ☐ No

Additional Comments

If any subcontractors or contract labor were used, select Yes. A subcontractor or contract laborer is an individual or business that is not employed by the company but is contracted to perform work.

Select Yes or No to allow MEM to send a copy of the audit forms to your insurance agent.

Enter any additional comments in the Additional Comments that you would like to share with MEM.

Select Save.

Select the Payroll tab.

 TEST

Test Audit Control ID 12135 Logout

General

Payroll

Contractors

Documents

Submit

Payroll

The payroll screen is used to enter the wages paid during the policy term. This screen will also show the principals (owner/officer/member/sole proprietor) on the policy as the first entries.


Test Audit Control ID 12135 Logout

[General](#)
[Payroll](#)
[Contractors](#)
[Documents](#)
[Submit](#)

Payroll

Enter payroll information for each officer/owner and employee in the grid below. Only include information for the policy period 7/1/2025 - 7/1/2026.

Note that you can use Excel to copy/paste data into the grid. If you use a payroll service, you can probably create an Excel file by running a report. Try to include as many columns shown below as possible.

Also, upload supporting payroll documents as described in the Documents page.

	First Name	Last Name	Officer?	%Owner	Title	Duties	State	Gross Wages	OT @ 1.5	Tips	Room &
1	Joe	Smith	Yes		Member LLC		MO				
2	Joe	Smith	Yes		Member LLC		MO				
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
Total				0%				0	0	0	0

[Save](#)
[View Fullscreen](#)

In Missouri, the principals will be listed twice. This is due to a 90/10 split, with 10% of wages applied to a clerical class code and 90% to a business class code. List the principal's gross wages only once.

The remaining sections are where all employees' **gross** payroll is placed.

- Gross payroll should include all wages (ie: bonuses, time off with pay, commissions, etc.)
- Overtime should be included in the gross payroll, and that same amount should be listed in the overtime column.

Any payroll questions marked as Yes from the General section will add another column to the payroll grid.



Test Audit
Control ID 12135
Logout

General
Payroll
Contractors
Documents
Submit

Payroll

Enter payroll information for each officer/owner and employee in the grid below. Only include information for the policy period 7/1/2025 - 7/1/2026.

Note that you can use Excel to copy/paste data into the grid. If you use a payroll service, you can probably create an Excel file by running a report. Try to include as many columns shown below as possible.

Also, upload supporting payroll documents as described in the Documents page.

	First Name	Last Name	Duties	State	Gross Wages	OT @ 1.5	Tips	Room & Board	Severance
1	Joe	Smith		MO					
2	Joe	Smith		MO					
3									
4									
5									
6									
7									

Gross wages should include all monies, including overtime, double-time, tips, and severance pay and should not be deducted from the gross wages as shown on the worksheet. After entering the gross wages in the Gross Wages column, enter the remaining types in other columns if applicable.

Example:

Employee One – Gross wages \$15,000. Overtime wages \$500.00. Severance \$800.00.

	First Name	Last Name	Officer?	%Owner	Title	Duties	State	Gross Wages	OT @ 1.5	Severance
1	Joe	Smith	Yes		Member LLC		MO			
2	Joe	Smith	Yes		Member LLC		MO			
3	Employee	One			Sales clerk	Runs the register	MO	15,000	500	800
4										
5										

Select Save and continue to Contractors.

Contractors

This screen is for entering contractors.

Insured subcontractors provide the businesses they complete work for with a Certificate of Insurance (COI).

Uninsured subcontractors are companies or individuals that have worked for you, do not have workers' compensation coverage, and are not employees of the company.


Test Audit Control ID 12135 Logout

[General](#)
[Payroll](#)
[Contractors](#)
[Documents](#)
[Submit](#)

Contractors

Enter information for each subcontractor and contract worker in the grid below. Only include information for the policy period 7/1/2025 - 7/1/2026.

Note that you can use Excel to copy/paste data into the grid.

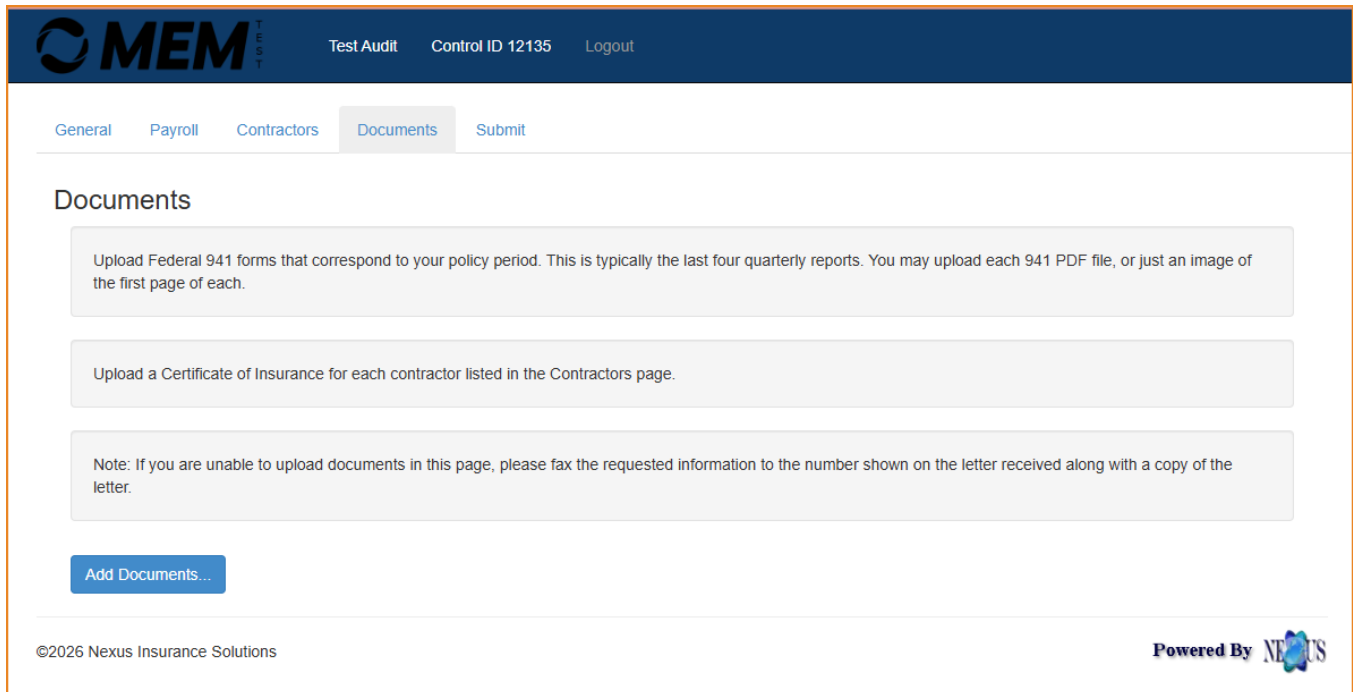
Also, upload each Certificate of Insurance in the Documents page.

	Name	Work Performed	Labor/Materials	Amount Paid	Has COI?
1	Contractor One	Roof repair	Labor and Materials	5,000	Yes
2	Contractor Two	Window cleaning	Labor Only	250	No
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
Total				5,250	

Save

Documents

The last step in the audit entry process is to upload the records that support the monies paid during the policy period.

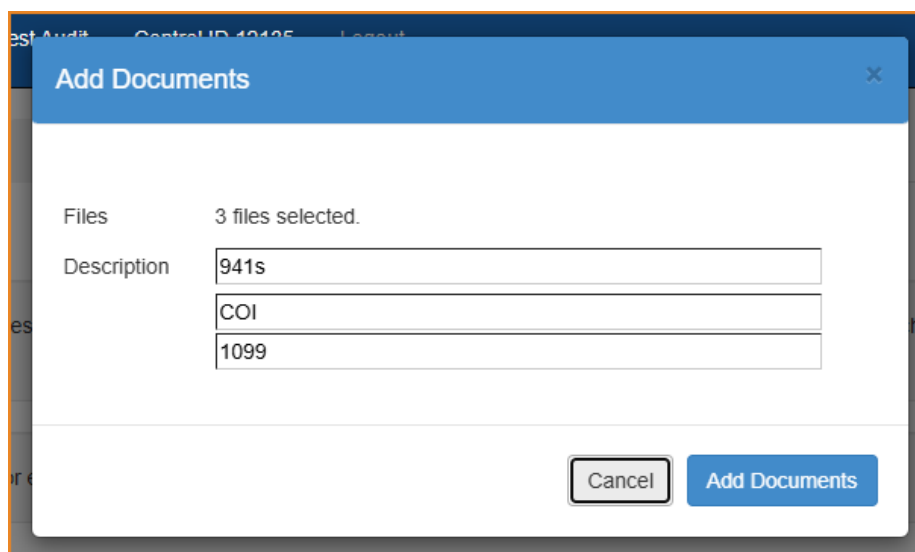


The screenshot shows the MEM eAudit interface. At the top, there's a dark blue header with the MEM logo, 'Test Audit', 'Control ID 12135', and 'Logout'. Below this is a navigation bar with tabs: 'General', 'Payroll', 'Contractors', 'Documents' (selected), and 'Submit'. The main content area is titled 'Documents' and contains three instructional boxes:

- Upload Federal 941 forms that correspond to your policy period. This is typically the last four quarterly reports. You may upload each 941 PDF file, or just an image of the first page of each.
- Upload a Certificate of Insurance for each contractor listed in the Contractors page.
- Note: If you are unable to upload documents in this page, please fax the requested information to the number shown on the letter received along with a copy of the letter.

 At the bottom left of the main area is a blue button labeled 'Add Documents...'. The footer shows '©2026 Nexus Insurance Solutions' on the left and 'Powered By NEXUS' on the right.

One or more files can be uploaded one at a time. To start the process, select Add Document. This opens File Explorer and lets you navigate to the location where the files are stored on your computer. Select the file, and the file will display on the screen.



The screenshot shows a modal dialog box titled 'Add Documents' with a close button (X) in the top right corner. Inside the dialog, it says 'Files 3 files selected.' Below this, there are three input fields for 'Description':

- 941s
- COI
- 1099

 At the bottom right of the dialog are two buttons: 'Cancel' and 'Add Documents'.

Select Add Documents.

The documents uploaded are now listed.



Test Audit
Control ID 12135
Logout

General
Payroll
Contractors
Documents
Submit

Documents

Upload Federal 941 forms that correspond to your policy period. This is typically the last four quarterly reports. You may upload each 941 PDF file, or just an image of the first page of each.

Upload a Certificate of Insurance for each contractor listed in the Contractors page.

Note: If you are unable to upload documents in this page, please fax the requested information to the number shown on the letter received along with a copy of the letter.

Document Type	Description	Date Uploaded	Uploaded By	
AuditForm	941s	8/27/2026	Stephanie Hester	Remove
AuditForm	COI	8/27/2026	Stephanie Hester	Remove
AuditForm	1099	8/27/2026	Stephanie Hester	Remove

Add Documents...

©2026 Nexus Insurance Solutions

Powered By 

If any documents need to be removed before submitting the audit, select Remove next to the document.

A prompt opens asking for confirmation. To remove, select Remove Document; otherwise, select Cancel.

Test Audit
Control ID 12135
Logout

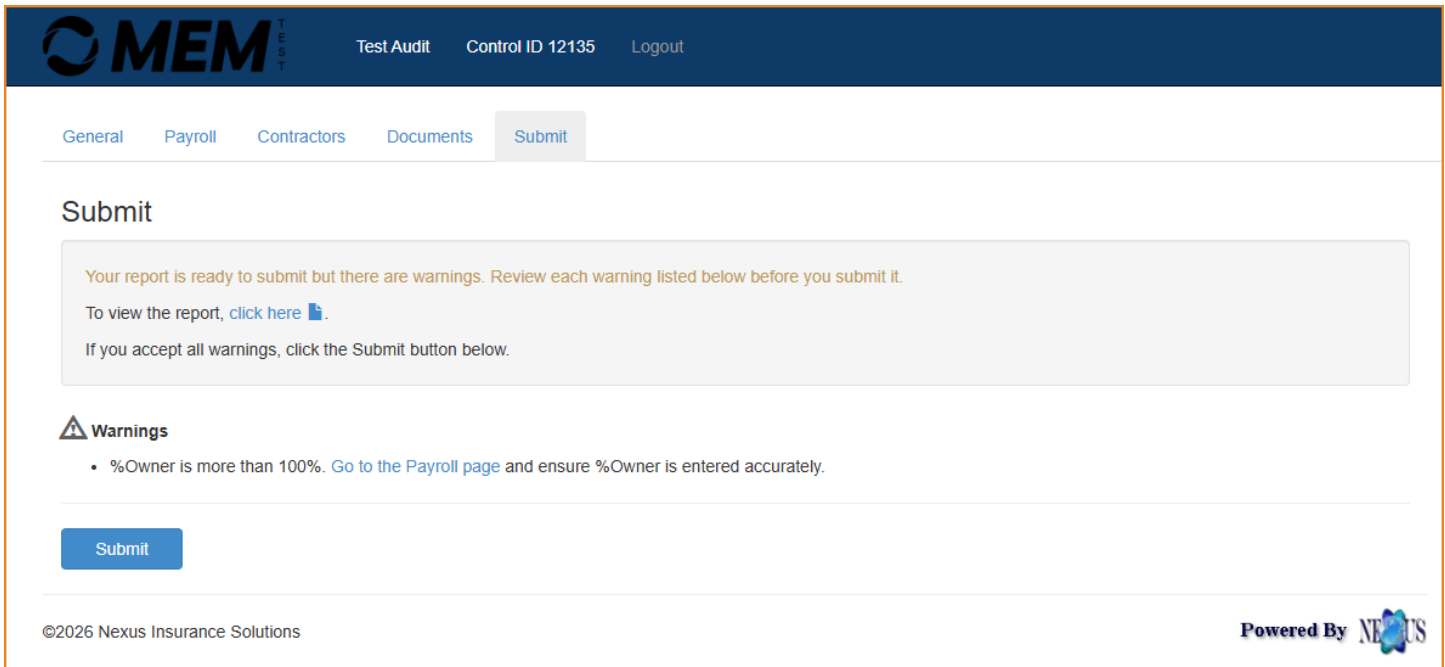
Remove Document

Are you sure you want to remove COI?

Cancel
Remove Document

Submit

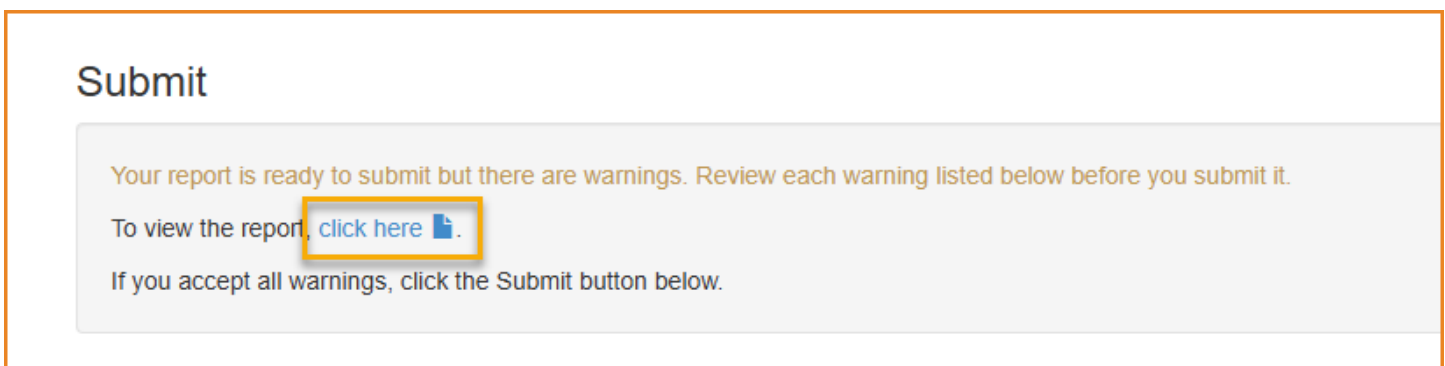
The final step is to submit the audit information. When entering this screen, a message shows that the report is ready to submit. If there are any warnings they will also be displayed.



The screenshot shows the MEM eAudit interface. At the top is a dark blue header with the MEM logo, 'Test Audit', 'Control ID 12135', and 'Logout'. Below the header is a navigation bar with tabs: 'General', 'Payroll', 'Contractors', 'Documents', and 'Submit' (which is highlighted). The main content area is titled 'Submit'. It contains a light gray box with the following text: 'Your report is ready to submit but there are warnings. Review each warning listed below before you submit it.' followed by 'To view the report, [click here](#).' and 'If you accept all warnings, click the Submit button below.' Below this box is a section titled 'Warnings' with a warning icon and a single bullet point: '%Owner is more than 100%. Go to the Payroll page and ensure %Owner is entered accurately.' At the bottom left of the main content area is a blue 'Submit' button. The footer contains '©2026 Nexus Insurance Solutions' on the left and 'Powered By NEXUS' on the right.

If any changes are needed, return the screen noted in the Warnings section, or select the blue text to automatically return to the screen.

To review the audit information that was entered, select the blue 'click here' message.



This is a close-up screenshot of the 'Submit' section of the eAudit interface. It shows the same light gray box as the previous screenshot, but with a yellow rectangular box highlighting the blue text 'click here' in the sentence 'To view the report, click here.'.

A new tab will open, and a PDF report will display with the information that has been entered. This can be downloaded, saved, or printed. A copy of this report is also added to the audit for the reviewer.

 **Insured Report**

Test Audit
Control ID 12135

General Information

POLICY INFORMATION	
Policyholder Name	Test Audit
Policy Number	3028331
Policy Period	7/1/2025 - 7/1/2026

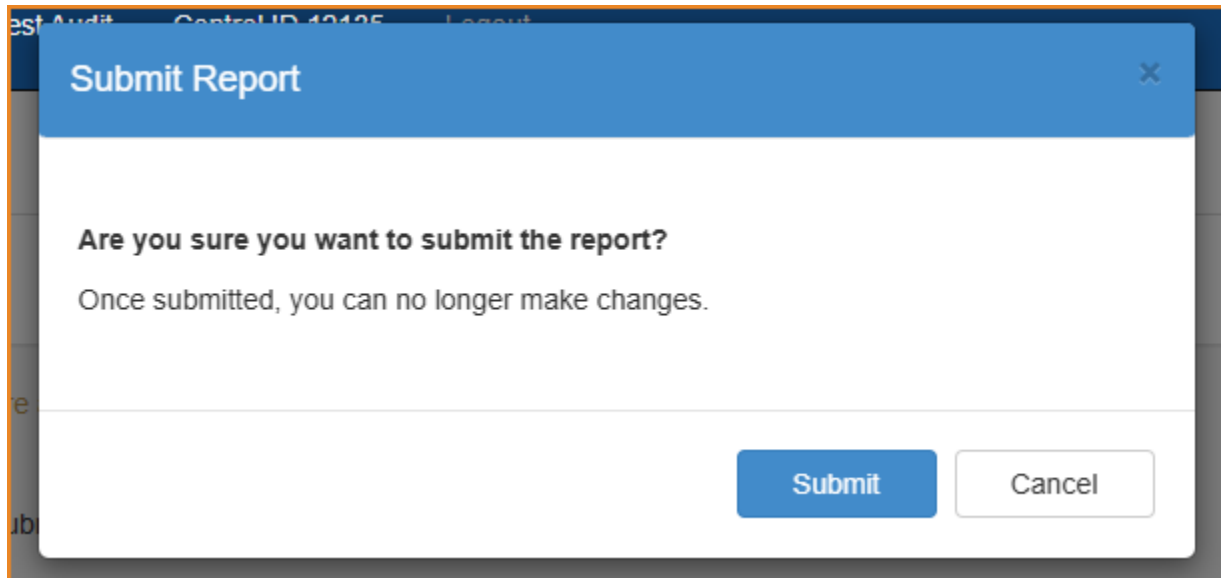
INSURED'S CONTACT INFORMATION	
Name*	Test Audit
Title	
Email*	test@mem-ins.com
Phone*	(800) 442-0590
Phone Extension	
Fax	
Website	

PREPARER'S CONTACT INFORMATION		☐ Same as Insured
Name*	Robin Smith	
Title	Office Manager	
Email*	test1@mem-ins.com	
Phone*	(660) 555-1212	
Phone Extension		
Fax		
Website	www.testaudit.com	

When the review is complete, close this screen and return to the audit tab.

Select Submit.

A prompt opens asking for confirmation. To submit, select Submit; otherwise, select Cancel.



A final message is displayed noting the audit was submitted successfully. Close the browser tab or click on 'Click here' to leave this site.

