

KENTUCKY WORKERS' COMPENSATION FUNDING COMMISSION
CY ____ ANNUAL AUDIT AND COLLECTIONS REPORT
INDIVIDUAL SELF-INSURER
 (KRS 342.122)

Name of Company (as Listed with Department of Workers' Claims)		Federal Employers' ID Number (FEIN)
Address <input type="checkbox"/> Address Change		Contact Person Name:
City State Zip Code		Title: Phone Number: Email Address:

Any related entities authorized to carry own risk, in addition to the one listed above, shall be added to section below starting with second row.

Name and Address Of Entity	* Use Codes From Below	NAICS Code	Federal Employers' Identification Number (FEIN)	CY ____ Payroll With Kentucky Workers' Compensation	Average Number of Employees
Company and Address Listed Above	1		See Above	\$	

- * Relationship Codes:
- 1 = Self-Insurer as listed with the Department of Workers' Claims
 - 2 = Subsidiary of listed company
 - 3 = Division of listed company
 - 4 = D/B/A of listed company
 - 5 = Contractor of listed company
 - 6 = Other: _____

Complete this report and return by June 30th to:

Kentucky Workers' Compensation Funding Commission
42 Mill Creek Park, Frankfort, Kentucky 40601

Or email to: kwcfinfo@ky.gov

