

Annual Audit and Collections Report (CY ____)

Group Self-Insurer

Data Reporting Instructions

Electronic Reporting Instructions for the Annual Audit and Collections Report

File Content Format

<u>Column Label</u>	<u>Column Content</u>
Field 1	Reporting Group Self-Insurer Name
Field 2	Group Self-Insurer Federal Employer's ID Number
Field 3	Year Covered by Report (i.e. CY____)
Field 4	Group Policy Number
Field 5	Insured Company's Name
Field 6	Insured Company's Street Address
Field 7	Insured Company's City
Field 8	Insured Company's State
Field 9	Insured Company's Zip Code
Field 10	Insured Company's Federal Employers ID Number
Field 11	Insured Company's NAICS Code (formerly SIC Number)
Field 12	Policy Effective Date (YYYY/MM/DD)
Field 13	Transaction Code (Issuance, Endorsement, Retro Transaction, Audit, Cancellation, etc.)
Field 14	Type of Workers' Comp Policy (Deductible, Retro, Coal, Standard, etc.)
Field 15	Accounting Date Of Each Transaction (YYYY/MM/DD)
Field 16	Direct Written Premium Reported to Ky. Dept. of Insurance
Field 17	Direct Written Premium Reported to KWCFC
Field 18	Reconciling Entry (Ky. Dept. of Insurance – KWCFC)
Field 19	Deductible Adjustments
Field 20	Deductible Policy Schedule Ratings Adjustments
Field 21	All Employers Special Fund Assessments

Note: For the Annual Audit and Collection Report, 21 fields should be provided for each CY____ transaction. Fields can be up to 128 characters in length.

File Format

The most preferred methods for saving the data are listed in order of acceptance below:

1. Files saved in Microsoft Excel.
2. ASCII text delimited files using a semicolon (;) as a field separator and a carriage return to indicate the end of the record.

Data should be sent via email to kwcfinfo@ky.gov

Or may be mailed on labeled on CD or DVD to:

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