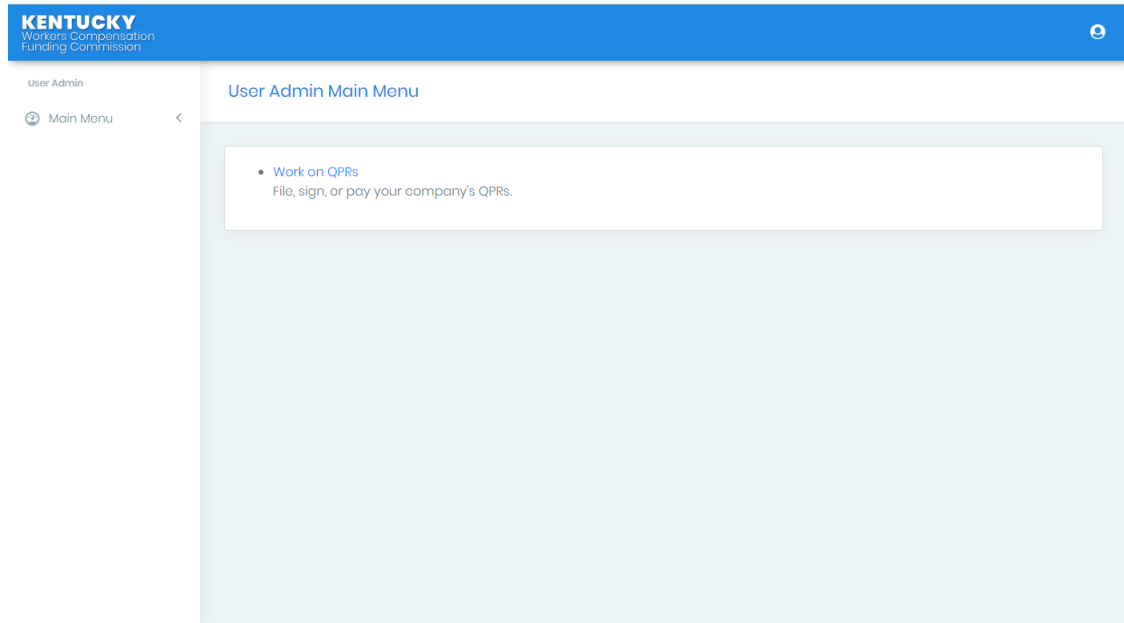
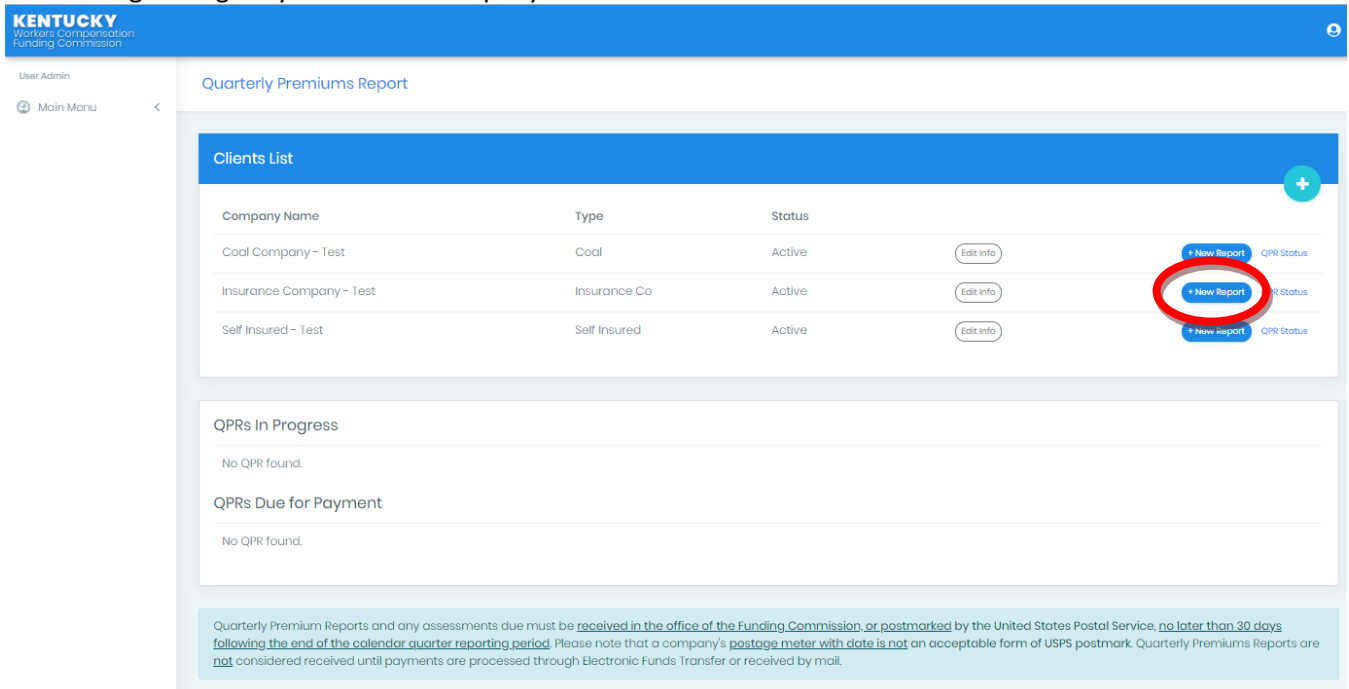


FILING INSURANCE COMPANY QUARTERLY ASSESSMENT REPORTS

1. Go to **kwcfc.ky.gov** and click on the blue E-File/E-Pay button in the middle of the screen.
2. Enter your user name and password or choose **REGISTER HERE** below. If you have an account but cannot remember your login name and/or password, click "**FORGOT YOUR PASSWORD?**" to answer security questions.
3. Upon entering the site, you will have the ability to enter a QPR. Click in the top left corner on the Kentucky Workers Compensation Funding Commission name to return to a main menu. This option is also available from the menu on the left hand side of the screen. To begin, select WORK ON QPRS.



4. Under Client List the company you added when creating your username will be listed, select **+New Report** to begin filing for your desired company.



KRS 342.122(2)(b) Beginning on January 1, 2020, all assessments shall be electronically remitted to the funding commission quarterly not later than the thirtieth day of the month following the end of the quarter in which the premium is received. Receipt shall be considered timely when filed and remitted using the appropriate electronic pay system as prescribed by the funding commission. Employers carrying their own risk and employers defined in KRS 342.630(2) shall pay the annual assessments in four (4) equal quarterly installments.

NOTICE: Quarterly Premium Reports and any assessments due must be received in the office of the Funding Commission, or postmarked by the United States Postal Service, no later than 30 days following the end of the calendar quarter reporting period. Please note that a company's postage meter with date is not an acceptable form of USPS postmark. Quarterly Premiums Reports are not considered received until payments are processed through Electronic Funds Transfer or received by mail.

- Chose Filing Type and specify Quarter information. Enter Special Fund Assessment for applicable policy effective dates.

Use “tab” function to advance through report. Assessment will be automatically calculated according to rate.

Answer required fields (Severed Coal and Previous Report Adjustments).

- Complete Perjury Statement section.
- Choose **SUBMIT AND PAY** to complete filing or **CREATE AND SAVE** for the option of returning to report for editing information or paying later. Saved reports can be found under QPR’s in Progress on the Home Screen.

****Reports can be edited prior to payment being submitted but once payment is submitted you must complete an Amended report****

KENTUCKY
Funding Commission

User Admin
Main Menu

Insurance Company Quarterly Premiums Report

Quarterly Premiums Report
Insurance Company - Test

Filing type
☒ Original Filing
☐ Amended Filing

Reporting Year: 2017
 Reporting Quarter: 2nd Quarter

No QPR has been filed for this quarter. Your filing type should now be selected as "Original Filing"

Effective Date	Written Premium	Adjustment Deductible	Schedule Ratings	Premium Base	% Rate	Assessment
On or Before 3-31-1089	\$0.00			\$0.00	23.30%	\$0.00
04-01-1089 through 12-31-1089	\$0.00			\$0.00	15.90%	\$0.00
01-01-1090 through 12-31-1090	\$0.00	\$0.00		\$0.00	11.68%	\$0.00
01-01-1091 through 12-31-1091	\$0.00	\$0.00		\$0.00	12.80%	\$0.00
01-01-1092 through 12-31-1092	\$0.00	\$0.00	\$0.00	\$0.00	9.70%	\$0.00
01-01-1093 through 12-31-1093	\$0.00	\$0.00	\$0.00	\$0.00	9.00%	\$0.00
01-01-1094 through 12-31-1094	\$0.00	\$0.00	\$0.00	\$0.00	9.00%	\$0.00
01-01-1095 through 12-31-1095	\$0.00	\$0.00	\$0.00	\$0.00	9.00%	\$0.00
01-01-1096 through 12-31-1096	\$0.00	\$0.00	\$0.00	\$0.00	9.00%	\$0.00
01-01-1097 through 12-31-1097	\$0.00	\$0.00	\$0.00	\$0.00	9.00%	\$0.00
01-01-1098 through 12-31-1098	\$0.00	\$0.00	\$0.00	\$0.00	9.00%	\$0.00

KENTUCKY
Funding Commission

User Admin
Main Menu

3P-2018

Effective Date	Written Premium	Adjustment Deductible	Schedule Ratings	Premium Base	% Rate	Assessment
1-1-2018 through 12-31-2018	\$0.00	\$0.00		\$0.00	0.00%	\$0.00
1-1-2017 through 12-31-2017	\$123.00	\$123.00		\$369.00	0.20%	\$23.21
01-01-2018 through 12-31-2018	\$123.00	\$0.00		\$123.00	4.30%	\$5.29
ASSESSMENT TOTAL						\$803.77

Do you have severance or processing of coal?
☐ Yes
☒ No

Do you have an adjustment from a previous report?
☐ Yes
☒ No

Perjury Statement
 The undersigned certifies that this return has been examined and is, to the best of the undersigned's knowledge and belief, a true, correct and complete report.

Authorized Representative

Title

Date

MM/DD/YYYY

Please make sure everything is correct before proceeding

Submit and Pay **Create and Save**

KENTUCKY
Workers Compensation
Funding Commission

User Admin
Main Menu

Insurance Company Quarterly Premiums Report

Quarterly Premiums Report
Insurance Company - Test

Filing type
☒ Original filing
☐ Amended filing

Reporting Year: 2017
 Reporting Quarter: 2nd Quarter

No QPR has been filed for this quarter. Your filing type should be Original.

Total All Employees Assessment: \$803.77
 Total Cost Additional Assessment: \$0.00
 Adjustment From Previous Report: \$0.00
TOTAL AMOUNT DUE: \$803.77

[Continue](#) [Cancel](#)

Effective Date	Written Premium	Deductible	Adjustment	Rate	Assessment
On or Before 3-31-2017	\$0.00				\$0.00
4-1-2017 through 6-30-2017	\$0.00				\$0.00
7-1-2017 through 9-30-2017	\$0.00	\$0.00		1.06%	\$0.00
10-1-2017 through 12-31-2017	\$0.00	\$0.00		12.30%	\$0.00
1-1-2018 through 3-31-2018	\$0.00	\$0.00	\$0.00	0.70%	\$0.00
4-1-2018 through 6-30-2018	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
7-1-2018 through 9-30-2018	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
10-1-2018 through 12-31-2018	\$0.00	\$0.00	\$0.00	0.00%	\$0.00

KENTUCKY
Workers Compensation
Funding Commission

User Admin
Main Menu

Payment

Summary

Quarterly Premium Reports and any assessments due must be received in the office of the Funding Commission or postmarked by the United States Postal Service, no later than 30 days following the end of the calendar quarter reporting period. Please note that a company's postmark date is not an acceptable form of USPS postmark. Quarterly Premium Reports are not considered received until payments are processed through Electronic Funds Transfer or received by mail.

Company Name: Insurance Company - Test 2017-2
 Quarter Filing Type: Original
 QPR Type: Insurance Co PDF XLS
 View Report Amount Due: \$803.77
TOTAL AMOUNT DUE: \$803.77

Payment Options

Select a payment option
☒ Electronic Funds Transfer

Electronic Funds Transfer

Please make sure all information is correct before clicking "Continue"

* Name on account:

* Bank routing number:

* Account number:

[Continue](#)

8. After selecting Submit and Pay, you will be required to enter banking information each time as payments are remitted by using **ELECTRONIC FUNDS TRANSFER**.

Click **CONTINUE** to confirm payment information and receive confirmation number.

KENTUCKY
Workers Compensation
Funding Commission

User Admin
Main Menu

Thank you!

Please print for your records.

QPR Summary

Company Name	Quarter Filing Type	QPR Type	View Report	Amount Due
Insurance Company - Test 2017-2	Original	Insurance Co PDF XLS	PDF XLS	\$803.77
TOTAL AMOUNT DUE				\$803.77

Confirmation

Account Name: Estee Jackson
 Account Last 4 Digits: 6637
 Confirmation Number: 42959494
 Receipt Date: 8/14/2019
 Total: \$803.77

9. Choose **PDF or XLS** under View Report to Save/Print a copy of the report for your records.