

# KENTUCKY WORKERS' COMPENSATION INDIVIDUAL SELF-INSURERS QUARTERLY PREMIUMS REPORT

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|   |  |
|---|--|
| Name of Company   | <b>Report for</b>  |
| Address (Number, Street, Post Office Box) <input type="checkbox"/> Address Change     | * Federal Employer's ID Number (FEIN)  |
| City                                  State                                  Zip Code | Contact Person (Person Preparing Report) <input type="checkbox"/> Contact Change |
|   | Name:  |
|   | Title:   |
|   | Phone Number : (       )       -   |
|   | Email Address:   |

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

Please complete report in accordance with instructions. Per 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.

|   | (A)<br>All Employers Special Fund<br>Assessments |
|---|--|
| (1) Total Annual Calculated Premium . . . . .                       | \$   |
| (2) Quarterly Premium [Line (1) ÷ 4] . . . . .                      | \$   |
| (3) Assessment Rate . . . . .                                       | <b>X</b>   |
| (4) Assessments Due [Line (2) x Line (3)] . . . . .                 | \$   |
| (5) Total Assessment Due [Line (4)] . . . . .                       | \$   |
| (6) Adjustment From Previous Reports [Attach Explanation] . . . . . | \$   |
| (7) <b>TOTAL AMOUNT DUE [ (5) ± (6) ]</b> . . . . .                 | \$   |

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 made in good faith.

|  |       |      |
|--|-------|------|
| President or Other Authorized Representative | Title | Date |
|--|-------|------|

## SPECIAL FUND ASSESSMENTS – INDIVIDUAL SELF-INSURERS

- (A) **All Employers Special Fund Assessments** A Special Fund assessment is imposed upon all employers carrying their own workers' compensation risk in accordance with KRS 342.340 based upon the premium calculated by the Department of Workers' Claims as defined in KRS 342.0011(28). The Special Fund assessment is not imposed upon premiums written or received for the following:
- (a) On contracts between insurance carriers and reinsurers;
  - (b) Excess or catastrophic coverage for self-insurers approved under the provisions of KRS 342;
  - (c) Federal Black Lung or other Federal workers' compensation provided individual self-insurers; and
  - (d) Longshoremen's and Harbor Workers' Compensation Act Coverage.

### INSTRUCTIONS

- (1) **Total Annual Calculated Premium** Total Self-Insured Premium calculated by the Department of Workers' Claims for the calendar year that includes the quarter covered by the report.
- (2) **Quarterly Premium** Amount of Total Annual Calculated Premium on Line (1) applicable to the quarter covered by the report. An employer qualified as a self-insurer on or before January 1, of the calendar year for which the report is submitted shall divide the Total Calculated Premium by four (4) to obtain the amount or premium to be reported for each quarter. An employer qualifying or ceasing as a self-insurer after January 1, of the calendar year for which the report is submitted shall apportion the Quarterly Premium obtained above in accordance with the number of days that the employer was self-insured during the quarter reported.
- (3) **Assessment Rates** The assessment rates effective January 1, shall apply to the four (4) calendar quarters ending December 31, of the same year.
- (4) **Assessments Due** Multiply amount in (2) by assessment rate applicable to each.
- (5) **Total Assessment Due** Use amount in (4) to obtain assessment due for quarter reported.
- (6) **Adjustment From Previous Reports** Enter any credit or debit adjustments or corrections from previous reports. Attach detailed explanation.
- (7) **Total Amount Due** Total of Lines (5) and (6) to be remitted with report.

### PENALTY AND INTEREST

**Penalty and Interest** Penalty and interest shall be applied to quarterly payments not received in the office of the Funding Commission or post-marked by the United States Postal Service by the 30th day of the month following the end of the calendar quarter. Interest shall be applied at the rate specified in KRS 131.183. A penalty of 1.5% per month shall be charged for any portion of any month that payment is past due without proration.