



Montana Workers' Compensation Surcharge Quarterly Remittal Form

INSTRUCTIONS: (REPRODUCE THIS FORM AS NEEDED)

Each Plan 2 Private Insurer and Plan 3 MT State Fund Insurer, shall remit to the Department all earned premium surcharges collected during a calendar quarter no later than 20 days following the end of the quarter. Do not submit payment under \$5 -Submit form only

Premium Surcharge rates effective July 1, 2019 (FY2020):

Table with 2 columns: Surcharge Rate Name and Rate. Includes Administration Fund Surcharge Rate (0.015121), Subsequent Injury Fund (SIF) Premium Surcharge Rate (0.002155), and Occupational Safety & Health Administration (OSHA) Fund Surcharge Rate (0.008429).

Insurer Name: \_\_\_\_\_ DLI: \_\_\_\_\_
Surcharge Contact Person: \_\_\_\_\_
Contact Person Phone#: \_\_\_\_\_
Surcharge Address: \_\_\_\_\_
Surcharge Email Address: \_\_\_\_\_

Premium Amount Assessed against: \_\_\_\_\_ Quarter Ending Date: \_\_\_\_\_

Administration Fund Surcharge: \_\_\_\_\_
SIF Surcharge: \_\_\_\_\_
OSHA Fund Surcharge: \_\_\_\_\_
Total Remittance: \_\_\_\_\_

Table with 5 columns: Quarter Ending Date, 30-Sep, 31-Dec, 31-Mar, 30-Jun. Includes REMIT BY dates: 20-Oct, 20-Jan, 20-Apr, 20-Jul.

Penalty and Interest will be billed, separately, for payments received after remittance date.

- Late Penalty for Administrative and OHSA Fund Surcharges, each \$500
Late Penalty for SIF Surcharge is \$100
Interest rate of 12% per year will be applied to late payment amounts

Remit Payment to: Fiscal Support Bureau, PO Box 1728, Helena, MT 59624-1728
Fiscal Support Bureau, 1315 Lockey Ave, Helena, MT 59601

Contact Person Printed Name \_\_\_\_\_ Contact Person Signature \_\_\_\_\_

