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):

Administration Fund Surcharge Rate: 0.015121
(MCA 39-71-201)

Subsequent Injury Fund (SIF) Premium Surcharge Rate: 0.002155
(MCA 39-71-915)

Occupational Safety & Health Administration (OSHA) Fund Surcharge Rate: 0.008429
(MCA 50-71-128)

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: _____________________________________________

Quarter Ending Date: 30-Sep 31-Dec 31-Mar 30-Jun
(7/1 – 9/30) (10/1 – 12/31) (1/1 – 3/31) (4/1 – 6/30)

REMIT BY: 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 __________________________