Workers’ Compensation Surcharge Quarterly Remittal Form

INSTRUCTIONS: (REPRODUCE THIS FORM AS NEEDED)
Each Plan 2 Insurer and Plan 3, the State Fund, 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.

Premium Surcharge rates effective July 1, 2020 (FY2021):

Administration Fund Surcharge Rate: 0.016159
(MCA 39-71-201)

Subsequent Injury Fund (SIF) Premium Surcharge Rate: 0.004368
(MCA 39-71-915)

Occupational Safety & Health Administration (OSHA) Fund Surcharge Rate: 0.008076
(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: ___________________________

Do not submit payment under $5 – Submit form only

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 Safety 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 ___________________________