



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 by not later than 20 days following the end of the quarter.

Premium Surcharge rates effective July 1, 2016 (FY2017):

Administration Fund Surcharge Rate: (MCA 39-71-201)	0.015592
Stay at Work/Return to Work (SAW/RTW) Premium Surcharge Rate: (MCA 39-71-1050)	0.000000
Subsequent Injury Fund (SIF) Premium Surcharge Rate: (MCA 39-71-915)	0.006186
Occupational Safety & Health Administration (OSHA) Fund Surcharge Rate: (MCA 50-7-128)	0.007156

Insurer Name: _____ **DLI:** _____

Surcharge Contact Person: _____

Contact Person Phone#: _____

Surcharge Address: _____

Surcharge Email Address: _____

Premium Amount Assessed Against: _____ **Quarter Ending Date:** _____

Administration Fund Surcharge: _____

SAW/RTW Surcharge: _____

SIF Surcharge: _____

OSHA Fund Surcharge: _____

Total Remittance: _____

Do not submit payment under \$5 – Submit form only

Quarter Ending Date:	30-Sep (7/1 – 9/30)	31-Dec (10/1 – 12/31)	31-Mar (1/1 – 3/31)	30-Jun (4/1 – 6/30)
REMIT BY:	20-Oct	20-Jan	20-Apr	20-Jul

Penalty and Interest will be billed, under separate cover, for payments received after remittance date.

- Late Penalty for Administrative Fund Surcharge is \$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