

# Montana Department of Labor & Industry

Employment Relations Division, Workers' Compensation Regulation Bureau

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City/State/ZIP: Helena, Montana 59601

Phone: (406) 444-1555 Fax: (406) 444-7710

Email: [amclean@mt.gov](mailto:amclean@mt.gov)

Website: [Self-Insurance Plan 1](#)

(under insurance compliance, self-insurance)

*Date Stamp - Office Use Only*

## Workers' Compensation Self-Insurance Financial / Loss Update

**Self-Insured Period:**

From:  To:   
(mm/dd/yyyy) (mm/dd/yyyy)

### GENERAL INFORMATION

Name of Company: \_\_\_\_\_

Federal Employer Tax ID #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent Company : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Company Official(s) to Contact Regarding Self-Insurance:

Name	Title	Address	E-Mail	Phone No.
1	_____	_____	_____	_____

2	_____	_____	_____	_____
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### GENERAL INSTRUCTIONS

- 1 Include only the claims information for the time you were self-insured.
- 2 In the "Accident and Claims Summary" section, please report claim figures for open claims only.
- 3 Provide the "Undiscounted Total Estimated Unpaid Liability on All Montana Self-Insured Claims" in that section. This figure should be reported for claims incurred before 7/1/1989 and claims incurred after 7/1/1989.
- 4 Provide the "Total Cash Paid for Self-Insured Claims During Most Current Year" in that section. Please enter year (mm/dd/yyyy). The total amount should equal all the checks written for workers' compensation in Montana in the last calendar year.
- 5 Provide two (2) copies of your most recent annual report or audited financial statements.
- 6 Sign and return the financial loss update form to the address listed above.



Montana Workers' Compensation  
Self-Insurance Financial / Loss Update  
*(Reproduce this page as needed)*

## ACCIDENT and CLAIM SUMMARY for SELF-INSURED PERIOD ONLY

<b>Open Claims Only by Claim Year</b>	<b>Year</b>	<b>Year</b>	<b>Year</b>	<b>Year</b>
Total payments made: (line 1)	\$0	\$0	\$0	\$0
Unpaid reserves, without IBNR, as of end of most recent year: (line 2)	\$0	\$0	\$0	\$0
Total incurred liability, without IBNR, updated as of most recent year-end: (line 1+ line 2)	\$0	\$0	\$0	\$0
Expected recoveries from excess insurance carrier	\$0	\$0	\$0	\$0
Number of open claims	0	0	0	0

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If no open claims in claim year, then leave blank

**Note: Carry the sum of all years and report the grand totals on Page 2.**