

Montana Department of Labor & Industry

Employment Relations Division

Street: 1805 Prospect Ave.

City/State/ZIP: Helena, Montana 59601

Phone: (406) 444-1555 Fax: (406) 444-4140

Email: amclean@mt.gov

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

(under insurance compliance, self-insurance)

<i>Date Stamp - Office Use Only</i>

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				

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

ACCIDENT and CLAIM SUMMARY for SELF-INSURED PERIOD ONLY

<i>(check one)</i>			
Claims reported on:	Policy Year	Fiscal Year	Calendar Year

(enter period of self-insurance) From: To:

**ALL OPEN CLAIMS:
(Open Claims Only)**

	All years Summary	<ul style="list-style-type: none"> - GRAND TOTALS - attach additional pages - showing each claim year breakdown
Total payments made:	\$ 	(line 1)
Unpaid reserves, without IBNR, as of end of most recent year:	\$ 	(line 2)
Total incurred liability without IBNR updated as of end of most recent year:	\$ 	(line 1+ line 2)
Expected recoveries from excess insurance carrier	\$ 	
Number of open claims		

When were Reserves last updated?

Undiscounted Total Estimated UNPAID Liability On All Montana Claims:	
For claims incurred before 7/1/89:	\$
For claims incurred after 7/1/89:	\$
Total Claims:	\$ (sum of line 2 above)

	<i>(enter year)</i>	From:	To:	
Total Cash Paid during Last Calendar Year		Indemnity + Medical	+ Other	= Total
		\$ 	\$ 	\$
				\$
Medical payments in excess of \$200,000 per claim				\$

This information is reported by the firm by an authorized person.
I certify that all of the information provided is correct.

Typed Name	Title	Phone	Date

Authorized Signature	E-Mail

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

ACCIDENT and CLAIM SUMMARY for SELF-INSURED PERIOD ONLY

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

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

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

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.