



Montana Workers' Compensation Quarterly Premium Surcharge Remittal Form FY 2026

Insurer Name:

DLI #:

Quarter Ending Date:

NAIC #:

Premium Surcharge rates effective July 1, 2025 (FY2026). Each Plan 2 Insurance Carrier and Plan 3 State Fund shall collect premium surcharges from each employer based on premium paid and then remit surcharges to the Montana Department of Labor and Industry within 20 days from the end of the calendar quarter. Additional instructions can be found on page 2 or on the departments website at <https://erd.dli.mt.gov/work-comp-regulations/insurance-compliance/work-comp-surcharges/>.

1. Direct premiums collected in the quarter \$

2. Surcharges due to the Montana Department of Labor and Industry

	<u>Calculated Remittance</u>	<u>Actual Remittance</u>
a. Admin Fund Surcharge 0.005443.....	\$	\$
b. OSHA Fund Surcharge 0.004922.....	\$	\$
c. SIF Fund Surcharge 0.003844	\$	\$
d. Total Surcharge Remittance (sum of 2a, 2b, 2c).	\$	\$

3. **Do not enter negative figures for actual remittance;** instead, enter \$0 and net against next positive quarter. **Do not submit payments under \$5** but include with future payments exceeding \$5. **Email forms recording zero (\$0) remittance to WCREgBureauQER@mt.gov.**

4. Supplemental Details

5. **Mail this form along with payment to:** Department of Labor & Industry
PO Box 8011
Helena, MT 59624

Surcharge Contact Information:

Phone:

Email:

Address:

City:

State:

Zip:

Name:

Signature:

Instructions for completing the Montana Workers' Compensation Surcharge Remittance Form

Administration Fund Premium Surcharge (MCA 39-71-201), Occupational Safety & Health Administration (OSHA) Premium Surcharge (MCA 50-71-128), and Subsequent Injury Fund (SIF) Premium Surcharge (MCA 39-71-915) are due to the Montana Department of Labor and Industry by the 20th day following the end of the calendar quarter: Oct. 20, Jan. 20, Apr. 20, and Jul. 20. Late Penalties and Interest may apply to payments received after remittance due date.

- Late Penalty for Administrative and Safety Fund Surcharges, \$500 each
- Late Penalty for SIF Surcharge is \$100
- Interest rate of 12% annually may be applied to late payment amounts

Identify the carrier to include the DLI number (assigned to the insurer by the Department) and the NAIC code. Clarify which Quarter Ending Date the remittance form is for. At the bottom of the form, identify who is completing the form and provide contact information.

Line 1. Report premiums paid by employers to the insurer during the quarter. Do not report negative premiums.

Line 2. Enter the amounts to be remitted for each surcharge under the “Actual Remittance” column; do not enter negative numbers instead enter \$0’s. The form will calculate surcharges owed to the Department based on the premium reported in Line 1 and the posted rates. If the figures differ, then an explanation must be provided to the Department.

Each Plan 2 Insurance Carrier and Plan 3 State Fund are responsible for correctly calculating premium surcharge owed by the employer (insurer’s policy holder) to the Department. Any over-collection of premium surcharges may be refunded to the employer or applied to future surcharge payments due. If an insurer over remits to the Department the overpayment may be deducted from the next surcharge remittance due.

If you are applying adjustments for surcharge overpayments do not report negative surcharge amounts on the remittance form; instead report \$0’s and net against the next positive remittance. Then submit records documenting surcharge refunds to employers.

Line 3. Email forms reporting \$0.00 surcharge remittals to WRegBureauQER@mt.gov

Line 4. Supplemental Details

Line 5. Mail this form along with payment to: Department of Labor & Industry
PO Box 8011
Helena, MT 59624