

Montana Department of Labor & Industry

Employment Relations Division

Street: 1805 Prospect Ave.

City/State/ZIP: Helena, Montana 59601

Phone: (406) 444-7748 Fax: (406) 444-4140

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

(under insurance compliance, self-insurance)

Email: amber.weekes2@mt.gov

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 :

Company Official to Contact Regarding Self-Insurance:

	Name	Title	Address	E-Mail	Phone No.
1	<input type="text"/>				

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

(check one)			
Claims reported on:	Policy Year	Fiscal Year	Calendar Year

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

ALL OPEN CLAIMS:
(Open Claims Only)

Total payments made:	\$ _____
Unpaid reserves, without IBNR, as of end of most recent year:	\$ _____
Total incurred liability without IBNR updated as of end of most recent year:	\$ _____
Expected recoveries from excess insurance carrier	\$ _____
Number of open claims	_____

- GRAND TOTALS
- attach additional pages
- showing each claim year breakdown

(line 1)

(line 2)

(line 1+ line 2)

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)

(enter year) Total Cash Paid during Last Calendar Year	From:	To:		
	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.