



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 no later than 20 days following the end of the quarter.

Premium Surcharge rates effective July 1, 2020 (FY2021):

Administration Fund Surcharge Rate: (MCA 39-71-201)	0.016159
Subsequent Injury Fund (SIF) Premium Surcharge Rate: (MCA 39-71-915)	0.004368
Occupational Safety & Health Administration (OSHA) Fund Surcharge Rate: (MCA 50-71-128)	0.008076

Insurer Name: _____ **DLI:** _____

Surcharge Contact Person: _____

Contact Person Phone#: _____

Surcharge Address: _____

Surcharge Email Address: _____

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

Administration Fund 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, separately, for payments received after remittance date.

- Late Penalty for Administrative and Safety Fund Surcharges, each \$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** _____

