



**QUARTERLY UNIFIED EMPLOYER ASSESSMENT SURCHARGE  
Workers' Compensation Carriers Remittance Form  
State of New York - Workers' Compensation Board**

**Carrier Information:**

(1) WCB Identification Number:

\_\_\_\_\_ *"W Number"*

(2) FEIN:

\_\_\_\_\_

(3) Carrier Name:

\_\_\_\_\_

(4) Mailing Address:

\_\_\_\_\_ *Number and Street*

\_\_\_\_\_ *City State Zip Code*

(5) NAIC Company Number:

\_\_\_\_\_

(6) NAIC Group Number:

\_\_\_\_\_

Carriers who are part of a larger carrier group must complete and submit a separate GA-2 for each carrier in the group by WCB Identification Number (W Number). However, a single aggregated payment may be made for the carrier group. Carriers submitting an aggregated payment must complete the Quarterly Unified Employer Assessment Surcharge Workers' Compensation Carriers Remittance Form – Carrier Group Addendum (GA-2.2).

**Certification:**

*The undersigned certifies that the information presented herein, including the reverse side and all applicable addendums, has been examined and is a true, correct and complete report made in good faith.*

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Title*

\_\_\_\_\_ *Type or Print Name*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Phone Number*

\_\_\_\_\_ *E-Mail*

**Submit completed form via e-mail to:**  
[WCBFinanceOffice@wcb.ny.gov](mailto:WCBFinanceOffice@wcb.ny.gov)  
**and mail check to address below**  
**Or mail completed form and check to:**  
*New York State Workers' Compensation Board  
328 State Street  
Finance Unit, Room 331  
Schenectady, NY 12305-2318*

*In accordance with WCL Section 151 the Chair may conduct periodic audits of any carrier on any information relevant to the payment or calculation of assessments. If a carrier underpays an assessment as a result of inaccurate reporting the carrier shall pay the full amount of the underpaid assessment along with interest at the rate of 9% per annum. Further, in the event that it is determined that the payer knew or should have known that the reported information was inaccurate an additional penalty of up to 20% may be imposed. Any carrier that knowingly makes a material misrepresentation of information required for the purposes of assessments shall be guilty of a class E felony.*

**Please Refer to Instructions for Completing Quarterly Unified Employer Assessment Surcharge  
Workers' Compensation Carrier Remittance Form (GA-2.1)**



## Instructions for Completing Quarterly Unified Employer Assessment Surcharge Workers' Compensation Carriers Remittance Form

*State of New York - Workers' Compensation Board*

### General Instructions:

- (1) The information that appears on this form is intended to include all data needed such that the total premium base Column (11) is equal to the definition of standard premium for the New York State assessment surcharge as follows: direct written premium excluding federal premium, volunteer firefighters' and volunteer ambulance workers' premium and expense constant, but adjusted for premiums related to retrospective rating adjustments, large risk rating or alternative rating option adjustments, premium discount, deductible program adjustments or other such adjustments needed to bring the total premium base up to the equivalent of standard premium.
- (2) The *Quarterly Unified Employer Assessment Surcharge Workers' Compensation Carrier Remittance Form (GA-2)* must be completed each quarter on a calendar year basis by every carrier that wrote workers' compensation premiums during the reporting period. The form, with payment, must be postmarked within thirty days of the end of the quarter.
- (3) Carriers who are part of a larger carrier group, must complete and submit a separate *Quarterly Unified Employer Assessment Surcharge Workers' Compensation Carrier Remittance Form (GA-2)* for each carrier in the group by WCB Identification Number. However, a single aggregate payment may be made for the carrier group.
- (4) Carriers submitting an aggregated payment must complete the *Quarterly Unified Employer Assessment Surcharge Workers' Compensation Carriers Remittance Form - Carrier Group Addendum (GA-2.2)*.
- (5) The assessment surcharge should be displayed on the policy page as "NYS Employer Assessment Surcharge" along with statistical code 0932.
- (6) Questions about the form or process should be directed to [WCBFinanceOffice@wcb.ny.gov](mailto:WCBFinanceOffice@wcb.ny.gov).
- (7) Checks are to be made payable to the Chair, NYS Workers' Compensation Board.
- (8) To ensure the proper application of payment please include W Number and applicable quarter on check.
- (9) All amounts should be reported in whole dollars.
- (10) This report and corresponding payment, along with any applicable addendums, must be submitted quarterly by every carrier.

**Submit completed form via e-mail to:**  
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**and mail check to address below**  
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*328 State Street*  
*Finance Unit, Room 331*  
*Schenectady, NY 12305-2318*

### Carrier Information:

- (1) The WCB Identification Number or "W Number" as assigned to the carrier by the WCB.
- (2) The FEIN, or Federal Employer Identification Number for the carrier. Carriers submitting an aggregated payment and have more than one FEIN must complete the *Quarterly Unified Employer Assessment Surcharge Workers' Compensation Carriers Remittance Form - Carrier Group Addendum (GA2.2)*.
- (3) The carrier name should be the full legal name of the carrier approved to write workers' compensation.
- (4) The full mailing address of the carrier to be used for all correspondence related to the unified assessment must be provided.
- (5) The NAIC Company Number is the National Association of Insurance Commissioners company code assigned to the carrier.
- (6) The NAIC Group Number is the National Association of Insurance Commissioners group code assigned to the carrier.

### Basis for Assessment:

- (1) The effective year of the policies for the premium reported.
- (2) Enter the year-to-date direct written premium.
- (3)<sup>1</sup> Enter the year-to-date amount of federal premium.
- (4)<sup>1</sup> Enter the year-to-date amount of volunteer firefighters' and volunteer ambulance workers' premium.
- (5)<sup>1</sup> Enter the year-to-date expense constant.
- (6)<sup>2</sup> Enter the year-to-date amount of premium discount.
- (7)<sup>2</sup> Enter the year-to-date amount of deductible program adjustments (including large and small deductibles).
- (8)<sup>2</sup> Enter the year-to-date amount of the large risk rating or alternative rating option premium.
- (9)<sup>2</sup> Enter the year-to-date amount of the retrospective rating adjustment premium.
- (10)<sup>2</sup> Enter other type of premium (if any) that has not been included in Columns (3) through (9) that the assessment surcharge should be applied to.
- (11) The total premium base Column (11) is calculated as follows: Column (2) less Column (3) less Column (4) less Column (5) less Column (6) less Column (7) less Column (8) less Column (9) less Column (10) (if any) = Column (11).
- (12) The premium previously reported as of the last quarterly report for which the assessment surcharge has already been paid.
- (13) The adjusted premium base is equal to the total premium base Column (11) less the premium previously reported for which the surcharge has already been paid Column (12).
- (14) The assessment rate for the policy effective year shown as established by the Chair pursuant to WCL Section 151. Assessment rates can be found on the WCB's website at [www.wcb.ny.gov](http://www.wcb.ny.gov).
- (15) The total surcharge due is equal to the adjusted premium base Column (13) multiplied by the assessment surcharge rate Column (14).

<sup>1</sup> The assessment surcharge is not applied to the types of premium shown in Columns (3), (4) and (5). These amounts should be subtracted from the direct written premium shown in Column (2).

<sup>2</sup> The assessment surcharge is applied to the types of premium shown in Columns (6), (7), (8), (9) and (10) (if any). These amounts are not included in direct written premium [Column (2)] and they are typically reported as a negative. Therefore, they should be subtracted from the direct written premium to determine the total premium base (subtracting the negative will increase the direct written premium to include these amounts).

