



QUARTERLY UNIFIED EMPLOYER ASSESSMENT SURCHARGE

Workers' Compensation Carriers Remittance Form

Carrier Group Addendum

State of New York- Workers' Compensation Board

General Instructions:

Carriers submitting an aggregated payment must complete the Quarterly Unified Employer Assessment Surcharge Workers' Compensation Carriers Remittance Form- Carrier Group Addendum (GA-2.1). You must complete one group form listing all carriers for whom you are submitting one payment; however, a GA-2 form must be completed for each carrier.

Enter the following:

- (1) Carrier Group Name
- (2) Calendar Year reported
- (3) Quarter ending
- (4) WCB ID Number -the "W" number assigned by the WCB
- (5) FEIN -Federal employer identification number
- (6) NAIC Company Number
- (7) Carrier Name
- (8) Total Surcharge Due

For every carrier included in the payment, please select the button "Add Another Carrier".

The Total Surcharge Due for all carriers in the group should equal the total amount shown in column 15 of the Quarterly Unified Assessment Surcharge Workers Compensation Carriers Remittance Form (GA-2).

Complete the form with your name, title, email address, phone number, signature (if mailed) and date. Select the "Save" button to save a copy for your records.

Select the "Email" button to email your form to the WCB. Prior to sending the email, enter your group name in the subject line of the email, after the form number 2.1.

You will receive an "out of office response" from the WCB when your email is received. This will only be sent once to each e-mail. If you submit for multiple entities, please request a return receipt to verify we did in fact receive your form. If you do not receive a reply, please try to attach a saved version of this form to an email to Assessments@wcb.ny.gov. If you still do not receive an email confirmation, please contact the Board by sending an email to

WCBFinanceOffice@wcb.ny.gov