Instructions for Completing 50-5 Quarterly Private Self-Insured Assessment State Fiscal Year 2016/2017 Quarter 1 Remittance Form

General Instructions

1. The 50-5 *Quarterly Private Self-Insured Assessment Form (GA-5 2016 Q1)* must be completed by every active and inactive self-insured employer with paid indemnity and submitted, with payment, within thirty days.
2. Questions about the form or process should be directed to WCBFinanceOffice@wcb.ny.gov.
3. Checks are to be made payable to the Chair, NYS Workers' Compensation Board.
4. To ensure the proper application of payment, please include W number and applicable quarter on check.

Submit completed form via e-mail to: Assessments@wcb.ny.gov
AND mail check with Summary Page to address below:

New York Workers' Compensation Board
328 State Street
Finance Unit, Room 331
Schenectady, NY 12305-2318

A. Self-Insurer Information

1. The WCB Identification Number or "W Number" as assigned to the self-insurer when approved to self-insure.
2. The Name of the Self-insured Employer must be the full legal name of the employer approved to self-insure.
3. The FEIN, or Federal Employer Identification Number, should be reported for the self-insurer. If you do not know the FEIN number leave blank.
4. The full mailing address of the self-insurer to be used for all correspondence related to the 50-5 quarterly private self-insured assessment must be provided.

D. Basis for Assessment

1. Please use the Assessment Base per the GA 1.6 Base Factor Form for the period 4/1/14 to 3/31/15. This is the only figure you need to enter in this section. This is the paid gross indemnity less any recoveries.
2. The apportionment rate for the quarter will be issued via a circular to the self-insured in New York State. The rate will also be on the form, no entry needed.
3. The total assessment due is equal to the total paid indemnity multiplied by the apportionment rate and then divided by four. The form will do the math for you.