



ANDREW M. CUOMO  
GOVERNOR

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
328 STATE STREET  
SCHENECTADY, NY 12305

(518) 402-0247



ROBERT E. BELOTEN  
CHAIR

December 2012

**To:** Self-Insurers Providing Benefits Under the Disability Benefits Laws

**From:** Steve Tybur  
Principal W.C. Examiner

**Subject:** Annual Reporting Requirements

As is the case every year, in accordance with Section 361.4, Title 12, NYCRR, each self-insurer is required to submit the following reports:

Form DB-681	Self-Insurer's Annual Report for Calendar Year
Form DB-681.1	Self-Insurer's Report of Excess Employee Contributions and Disposition for Calendar Year

We have enclosed copies of each of these required reports, as well as general instructions for their completion. We are also requesting that each self-insurer complete the enclosed Self-Insurers Annual Update form. This will help insure that the information on file in the Self Insurance Office is as up to date as possible. Please note that the **due date for this reporting period is January 31, 2013**. Please note that all reports are to be submitted to the address provided below:

State of New York  
Workers' Compensation Board  
Self Insurance Office  
328 State Street, 3<sup>rd</sup> Floor  
Schenectady, NY 12305

If you have any questions or concerns regarding the report filing requirements, please feel free to contact the Self Insurance Office at (518) 402-0247. Thank you for your continued cooperation.

Enclosure