



**Workers'  
Compensation  
Board**

**ANDREW M. CUOMO**  
Governor

**KENNETH J. MUNNELLY**  
Chair

January 2016

**To:** Self-Insurers Providing Benefits Under the Disability Benefits Laws  
**From:** Steve Tybur  
Program Manager 2  
**Subject:** Annual Reporting Requirements for Calendar Year 2016

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 (if applicable)
DB-691	General Instructions for Completion of DB-681 & DB-681.1

The above referenced reports are attached. You may also access and download the reports from the WCB Website. Below is the link to access these documents.

[http://www.wcb.ny.gov/content/main/forms/Forms\\_db\\_carrier\\_self\\_insurer.jsp](http://www.wcb.ny.gov/content/main/forms/Forms_db_carrier_self_insurer.jsp)

**Note: refer to the table of forms titled "Self-Insurance Annual Report Forms and Guides"**

The DB-681 has been revised as to its content and appearance. We hope that it simplifies the process.

If you have recently submitted a "Self-Insurers Annual Records Update" form, you do not need to complete another one. However, if you did not submit one recently, or if there has been any changes to the information requested, please submit one. 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, 2017**. Please note that all reports are to be submitted electronically via email to: [selfinsurance@wcb.ny.gov](mailto:selfinsurance@wcb.ny.gov)

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.