

**New York State – Workers’ Compensation Board
Office of Self Insurance
Individual Self Insurers Annual Reports
Reporting Tips**

*****All reports must be filed by November 1st*****

Required Forms

- SI-4 Outstanding Death Claims
- SI-4.1 Outstanding Disability Claims
- SI-6 Payroll Report
- SI-10.1 Cumulative Compensation Payments
- SI-10.1M Cumulative Medical Payments
- SI-21 Certificate of Excess Insurance (to be completed by Self-Insurer’s Excess Carrier-to be submitted yearly upon the policy annual renewal date.)
- SI-22 Certificate of Excess Carrier Evidencing Payment of Claims Under Excess Contract for any claims that have reached the SIR level and have been accepted by the Excess Carrier
- Self-Insurer’s Annual Update
- Certified Financial Statement (Company’s Annual Financial Report or Form 10K)

Annual Filing & Review Timetable

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| • September | Request for submission of reports |
| • September-October | Self-Insurance Office available to assist in submission of reports |
| • November 1 st | Filing deadline |
| • November-February 2016 | Self-Insurance review & adjustments |
| • November-January | Notification of adjustments sent to self-insurer |
| • January-February | Security deposit calculations performed and examined by Self-Insurance Office Staff |
| • March 2016 | Security deposit increase letters sent to each self-insurer |
| • Spring 2016 | Security deposit increase due (if necessary) |

Extension Requests

- Only granted under unusual or extraordinary circumstances.
- Must be requested by the self-insured employer, not the third party administrator.
- Chronic late filers will not be granted an extension.

Initial Review by WCB Staff

- WCB Staff conducts preliminary review of all reports to insure that reports are complete and affirmed by an officer of the self-insured employer.
- If there are missing reports, or missing data from any report, the self-insured employer will be contacted and/or reports returned for completion.

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Tips for Completion of SI-6, SI-10.1, SI-10.1M & Annual Update Forms

SI-6 – Payroll for All Operations

- Use most recent 12 months of payroll (or most recently completed fiscal year).
- Make sure class codes and descriptions match, and are currently active codes from the New York Compensation Insurance Rating Board.
- Executive Officers salaries capped at \$1,900 per week, per employee.

SI-10.1 & SI-10.1M –Report of Cumulative Indemnity & Medical Payments

- Current year amount (for each accident year) should be equal or greater than last year’s amount for each corresponding accident year.
- Be sure to include only current report year recoveries from 15-8 and excess insurance claims. **Remember, no new claims for 15-8 reimbursement can be filed for claims occurring on or after July 1, 2007.**

Self-Insurer’s Annual Update Form

- Important to include subsidiary(s), and current TPA and past TPA’s if still administering any self-insured claim period.
- All active self-insured subsidiaries should be listed.

Tips for Completion of SI-4 & SI-4.1

- SI-4 and SI-4.1 reports must follow the following order:
 - Claims must be valued as of September 30, 2015.
 - Claims must be listed in descending order according to the date of accident.
 - WCB case number must be listed for each Claim
 - Claims must be segregated in groups by accident year, April 1 through March 31, with accidents occurring during the most recent accident year (April 1, 2014 – March 31, 2015) listed first. All other accident years must follow in descending chronological order.
 - All accidents prior to April 1, 2004 must be reported in an all prior year’s group.
- If using computer generated report instead of prescribed SI-4 & SI-4.1, they must mirror the prescribed form and must include all information requested on the SI-4 & SI-4.1 Forms.
- Succinct description of injury and current medical status is very important. Do not forget to include the body part(s) affected.
- Claimant’s work status (working or still out of work) is important-remember to indicate if the claimant is working or out of work and the date that the claimant returned to work.
- Be sure that each column is completed.
- Make sure to list the established CCP rate in the “Weekly Comp Rate” column, not the AWW rate.
- SI-4 Report of Death Claims
 - Reserves for death claims are set by WCB staff, to be included with the adjusted claims report (if any) to the self-insured employer.
 - Dates of birth for deceased and dependents must be noted on SI-4.
 - Staff uses Special Bulletins to determine award.

Please refer to Form SI-4.11 for further details on the completion of the SI-4 & SI-4.1 Forms

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General WCB Reserving Information

- Virtually every case is reviewed and adjusted, if necessary.
- All workers’ compensation accidents which cause an employee to miss time from work, or for which medical treatment is rendered to an employee, must be reported.
- An open case, for reporting purposes, is one which payments (indemnity or medical) are currently being made or the possibility that future payments will be made. All claims which have been ruled permanently disabled (total or partial), whether or not payments are currently being made are considered open, and must be reported.
- WCB will perform, on an audit basis, a cross check with the WCB’s Claims Information System database.
- Year to year consistency is important, prior year’s adjustments should be considered when preparing this year’s report.
- WCB reserves do not have to match self-insurer’s financial statement reserves.
- The Self-Insurance Office will increase indemnity reserves for any number of reasons, which include but are not limited to the following:
 - The WCB believes there is a possible loss of use schedule award not recognized in the self-insurer’s reserve.
 - Not enough information about the claim is provided in the description, and so a minimum of one year’s (or more) lost time reserve will be held.
 - For claims incurred prior to March 13, 2007, if a claimant is out of work more than 104 weeks (2 years), a life award will be held as a reserve.
 - For claims incurred on or after March 13, 2007, a reserve will be held based on the facts of the claim, not to exceed the maximum amount of weeks allowed by the WC Law (525).
 - If duration of caps weeks has been established, indicate how many weeks of the established duration have been paid at the time of reporting. If there is no indication of how many weeks have been paid, we will reserve for the full duration of caps weeks awarded.
 - When a claimant is classified as permanently partially disabled, and has not returned to work, a reserve based on the date of accident and the facts of the claim will be held.
 - No new claims for 15-8 reimbursement can be filed for claims occurring on or after July 1, 2007.
 - When a Section 15-8 judgment has been established, a reserve equal to at least 52 weeks lost time should be held. Additional lost time to be held if minimum thresholds have not been met for reimbursement.
 - When a Section 15-8 judgment is pending, no reserve relief is granted. Reserves are set as if 15-8 does not apply. A reserve based on the facts of the claim, including the date of accident, will be applied. This will be adjusted when 15-8 is established. (Please see Form SI-4.11 for requirements)
 - When a Section 32 settlement is pending, no reserve relief is granted. A reserve based on the facts of the claim, will be applied. The reserve will be removed once the Section 32 is final.
 - If a claimant is currently out of work (less than 52 weeks), a reserve equal to 52 weeks of lost time will be held.
 - When the nature of the injury is such that a reserve should be held for the possibility of intermittent lost time, a reserve of 52 weeks is held.
 - When the held reserves presumes a future judgment that is inconsistent with the medical guidelines classification of mild, moderate, marked, or total disability, an adjustment is made.