INSTRUCTIONS FOR COMPLETION OF:
FORM SI-4 SELF-INSURER'S STATEMENT OF OUTSTANDING DEATH CLAIMS
FORM SI-4.1 SELF-INSURER'S STATEMENT OF OUTSTANDING DISABILITY CLAIMS
REPORTS DUE 11/1/2015

1. List all outstanding self-insured death claims on Form SI-4 and all outstanding self-insured disability claims on Form SI-4.1.

2. Outstanding claims should be valued as of September 30, 2015, listed in descending order according to the date of accident. Claims should 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 should follow in descending chronological order. All accidents prior to 4/1/2004 should be reported in an all prior years' group. Form SI-4.1 must include totals of disability and medical reserves on each page. **In addition, disability and medical reserves for each accident year must be totaled and noted at the <u>end of each accident year.</u>**

3. Claims in which reserves were previously adjusted by the Self-Insurance Office, should be reserved in accordance with the reasons for those adjustment(s).

4. All workers' compensation accidents in which an employee is entitled to compensation benefits, must be reported. However, medical treatment only type cases do not have to be reported. All open claims previously reported must be accounted for on either Form SI-4 or Form SI-4.1. If, since filing of the last report, a claim has been found to be reimbursable by the Special Fund under WCL Section 15(8), either a Board Decision establishing 15(8) liability or a letter accepting 15(8) liability must be attached to the report. If an excess carrier has accepted a claim, Form SI-22 should be obtained from the excess carrier and filed with this office. Form SI-22 is available from this office. In the absence of supporting documentation, full reserves will be set by this office.

5. Claims for which WCL Section 15(8) has been established ***and is currently being reimbursed from the special fund***, claims that have reached the self-insurer's retention level on their excess insurance policy, and claims in which recoveries are expected as a result of the settlement of a third party recovery must carry a reserve in an amount equal to one year of future payments.

6. Claims reported on previous reports and closed by the Board prior to October 1, 2015 are to be listed at the end of the current report giving the following data: case number, name of injured, date of accident, date closed, and complete closing action. Full reserves will be set on claims previously listed as outstanding unless the complete closing action is indicated. **Claims, such as permanent total, permanent partial, WCL Section 15(8), and claims being paid by an excess insurance carrier should continue to be listed as if they remained open. Schedule loss award cases closed by the Board, which result in payments continuing beyond October 1, 2015, should also be listed in the open section.**

7. Claims incurred during the period April 1, 2014 through March 31, 2015 that have been closed by the Board prior to October 1, 2015 need not be listed on this report. Claims incurred during the period April 1, 2015 through September 30, 2015 should not be reported at this time.

8. Forms SI-4, SI-4.1 **must be affirmed and signed by an authorized officer of the self-insured employer**. If more than one page is needed to complete any report, only the affirmation on the top page should be completed. **<u>If there are multiple work locations, or if claims are administered in more than one location or by more than one claims administrator, the report must be consolidated prior to filing with this office.</u>**

9. **These reports are to be filed no later than November 1, 2015** to the address shown below.

Questions regarding the proper completion and filing of these forms should be addressed to:
New York State Workers' Compensation Board
Self-Insurance Office
328 State Street, 3rd Floor
Schenectady, NY 12305
(518) 402-0247