



Workers' Compensation Board

ANDREW M. CUOMO
Governor

KENNETH J. MUNNELLY
Chair

To: Self-Insurers Providing Benefits under the Workers' Compensation Law
From: Stephen Tybur
Date: September 2017
Re: 2017 Annual Reporting Requirements

As is the case every year, the New York State Workers' Compensation Board requires that every self-insured employer submit the data needed to update the security deposit requirements. In accordance with Section 315.4, Title 12, NYCRR, each self-insurer is required to submit the following reports:

- Form SI-4 Statement of Outstanding Death Claims
- Form SI-4.1 Statement of Outstanding Disability Claims
- Form SI-6 Report of Payroll For All Operations
- Form SI-10.1 Report of Cumulative Compensation Payments
- Form SI-10.1M Report of Cumulative Medical Payments
- Records Update Form Self Insurer's current Contact and Claims Administration Information

These reports are available on our website: <http://www.wcb.ny.gov/> . Please navigate to the Self-Insurance section.

As you may recall, in 2007, sweeping changes to the Workers' Compensation Law were enacted. These changes to the WCL impacted all carriers, including self-insured employers. Please be aware that for reporting purposes, claims incurred after July 1, 2007 are impacted by the increases to the weekly wage, the dissolution of the 15-8, Special Disability Fund, and the cap on permanent partial disabilities. Claims incurred prior to July 1, 2007 should continue to be reported and reserved in the manner in which they were in previous years.

These reports **must be submitted no later than November 1, 2017**, to the address shown below. The information contained on these reports is reviewed by the Board, summarized, and then input to a system which projects what the security deposit requirements are for every self insurer. Due to the comparative nature of the system used, the security deposit for one self-insurer cannot be updated until the data has been input for all self-insurers. Therefore, extensions for the filing requirements **will only be granted under the most extraordinary of circumstances**. Please refer to the [Annual Reporting Requirements – Summary of Reporting Cycle](#) for more information about how these reports will be processed. We have also included an annual reports tip sheet, which may be helpful in preparing your annual reports for submission.

Finally, we require that each self-insurer complete the [Self-Insurers Records Update Form](#). This insures that the contact and claims administration information on file in the Self-Insurance Office is up to date.

Reminder regarding Financial Statements and Excess Policies:

- The most recent certified, independently audited financial statement or Form 10K must be submitted no later than three months after the close of the self-insurer's fiscal year. SI-21 Excess Policies. If these reports are overdue, they should be submitted with your 2017 Annual Report Forms.
- Self-Insurers are required to submit an SI-21 Excess Carrier Policy forms, completed by the excess carrier, annually, upon the policy's annual renewal date. If your SI-21 is overdue, it should be submitted with your 2017 Annual Report Forms. Also, we are requesting that your Excess Carrier include a copy, if available, of the declaration page, or other source, from the policy which identifies the payroll classifications covered in New York State for the said policy.
- Form SI-22, Certificate of Excess Carrier Evidencing Payment of Claims, which is completed by the Self-Insurer's Excess Carrier, should be used to provide the WCB with proof that the excess carrier has or will pay a claim when it



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reaches the self-insured retention. This form is available upon request to the self-insurance office at selfinsurance@wcb.ny.gov

If you have any questions or require any further information regarding the report filing requirements, please feel free to contact the Self-Insurance Office at (518) 402-0247 or e-mail at selfinsurance@wcb.ny.gov . Thank you for your continued cooperation.

All completed reports must be submitted by one (NOT both) of the following methods:

By Postal Mail, to:

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

OR

By E-mail to:

selfinsurance@wcb.ny.gov

If submitting by e-mail, please be sure to reference the Self Insured Employer's name, Carrier ID #, and "2017 Self Insurer's Annual Report" in the heading of the e-mail.