September 2018

To: NYS Self-Insured Employers  
From: Office of Self Insurance  
Subject: 2018 Annual Reporting Requirements

In accordance with Section 315.4, Title 12, NYCRR, the New York State Workers’ Compensation Board (Board) requires that every self-insured employer submit the following reports annually:

| 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 Records Update Form |

These forms are available on our website: [http://www.wcb.ny.gov/](http://www.wcb.ny.gov/) in the Self-Insurance section.

The information contained on the required reports is used to determine the security deposit requirements for every self-insurer. Due to the comparative nature of the system used, the security deposit of one self-insurer cannot be determined until the information from all self-insurers has been verified and entered. Therefore, it is of the utmost importance that all self-insurers submit their reports timely and accurately. 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.

The above reports must be completed and submitted to the Board no later than November 1, 2018 by one (NOT both) of the following methods:

**By E-mail (preferred method) to:** selfinsurance@wcb.ny.gov

If submitting by e-mail, please be sure to reference the self-insured employer’s Name, Carrier ID (W) #, and “2018 Self-Insurer’s Annual Report” in the subject of the e-mail.

**OR**

**By Postal Mail to:**

New York State Workers’ Compensation Board  
Office of Self-Insurance  
328 State Street, 3rd Floor  
Schenectady, New York 12305
Reminder regarding **Financial Statements, Form SI-21** (Certificate of Excess Insurance Contract) and **Form SI-22** (Certificate of Excess Carrier Evidencing Payment of Claims.) If these reports are overdue, they should be submitted with your 2018 annual report forms.

- The most recent certified, independently audited financial statement and/or Form 10K must be submitted no later than three months after the close of the self-insurer’s fiscal year.
- Self-Insurers are required to submit an SI-21 Excess Carrier Policy form, completed by the excess carrier, annually, upon the policy’s annual renewal date.
- 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 Board with proof that the excess carrier has accepted liability for a claim that has reached the self-insured retention. This form is available upon request.

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

Sincerely,

Office of Self-Insurance

Enclosures