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 NOVEMBER 1, 2018

1. List all outstanding self-insured death claims on Form SI-4.
2. List all outstanding self-insured disability claims on Form SI-4.1.
3. Outstanding claims should be valued as of September 30, 2018.
4. Claims should be listed in descending order, according to the date of accident, and segregated in groups by accident year, April 1 through March 31, with accidents occurring during the most recent accident year (April 1, 2017 - March 31, 2018) listed first. All other accident years should follow in descending chronological order, ending with April 1, 2010 – March 31, 2011.
5. All accidents prior to 4/1/2010 should be reported in an “all prior years” group.
6. Disability and medical reserves for each accident year must be totaled and noted at the end of each accident year.
7. Claims in which reserves were previously adjusted by the Self-Insurance Office, should be reserved in accordance with the reasons for those adjustment(s).
8. All workers’ compensation accidents that have been indexed by the Workers Compensation Board and have been assigned an 8 digit WCB Number must be reported. Cases that have been indexed but do not involve lost time or indemnity payments should be listed as “No Compensable Lost Time”; Cases that have been indexed but do not involve medical treatment or payments should be listed as “No Medical Treatment or Payments made.”
9. All open claims previously reported must be accounted for on either Form SI-4 or Form SI-4.1.
10. 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.
11. If an Excess Carrier has accepted a claim, Form SI-22 should be completed by 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.
12. Any Claim for which WCL Section 15(8) has been established and is currently being reimbursed from the special fund, must carry a reserve in an amount equal to one year of future payments.
13. Claims reported on previous reports and closed by the Board prior to October 1, 2018 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.
14. 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, 2018, should also be listed in the open section.
15. Claims incurred during the period April 1, 2018 through September 30, 2018 should not be reported at this time.
16. 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. 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.
17. These reports must be filed 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 heading 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, NY 12305

Please contact the Office of Self Insurance with any questions regarding the proper completion and filing of these forms by phone at (518) 402-0247 or by e-mail at selfinsurance@wcb.ny.gov

SI-4.11 (8/18)