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

Self-Insurance Office

REPORT OF CUMULATIVE COMPENSATION PAYMENTS
Through September 30, 2012

A.	B.	C.
ACCIDENTS OCCURRING	PAYMENTS	RECOVERIES
1. From 4-1-12 to 9-30-12		
2. From 4-1-11 to 3-31-12		
3. From 4-1-10 to 3-31-11		
4 From 4-1-09 to 3-31-10		
5. From 4-1-08 to 3-31-09		
6. From 4-1-07 to 3-31-08		
7. From 4-1-06 to 3-31-07		
8. From 4-1-05 to 3-31-06		
9. From 4-1-04 to 3-31-05		
		TOTAL RECOVERIES

Dated: _____

Name of Self-Insurer _____

Signature of Company Officer of Self-Insurer _____

Title _____

Telephone No. _____

IMPORTANT
See reverse side for instructions.

SI-10.1 (9-12)

THIS AGENCY EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.

INSTRUCTIONS

Please Note: The Workers' Compensation Board's methodology for the calculation of security deposits requires that Self-Insurers under the Workers' Compensation Law report cumulative compensation payments on the most recent eight accident years, as well as the six month period from 4/1/12 through 9/30/12.

1. Report in Column B the **cumulative** amount of all compensation payments made as of September 30, 2012 on accidents occurring during the respective accident periods as set forth in Column A.

Compensation Payments Reported (Column B) **shall** include:

(a) Amounts paid in disability claims and specific awards, inclusive of advances and lump sums, etc.

(b) awards, etc. Amounts paid in death claims, inclusive of funeral expenses, advances, lump sums, no dependency.

(c) All payments pending reimbursement from the Special Fund under WCL Section 15 (8) and Section 15 (8)(ee).

(d) Compensation payments for which reimbursement has been or will be received under an excess insurance policy.

(e) All payments pending the adjudication of third party litigation and payments pending recovery from loss of hearing reimbursements under WCL Section 49-ee.

Compensation Payments reported in Column B **shall not** include:

(a) Payments on claims subject to compensation acts of jurisdictions other than New York State.

(b) Common Law settlements for accidents not coming within the scope of the New York State Workers' Compensation Law.

(c) Assessments provided by the Workers' Compensation Law (including Administrative and Special Fund Assessments).

(d) Amount paid for which the self-insurer has been or will be reimbursed under WCL Section 25-a (9).

2. Report in Column C, all reimbursements received since September 30, 2011 under WCL Section 15 (8) and Section 15 (8)(ee), all reimbursements received under an excess reinsurance policy, all third party lien recoveries and recovery from loss of hearing reimbursements under WCL Section 49-ee. **Enter recoveries from compensation payments only. All recoveries will be deducted directly from the amount of required security calculated for the Self- Insurer.**

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