



**Instructions for Completing Unified Employer Assessment Surcharge
Workers' Compensation Insurers Remittance Form
Insurer Group Addendum
State of New York - Workers' Compensation Board**

General Instructions

Insurers submitting an aggregated payment must complete the Quarterly Unified Employer Assessment Surcharge Workers' Compensation Insurers Remittance Form- Insurer Group Addendum (GA-2.1). You must complete one group form listing all insurers for whom you are submitting one payment; however, a GA-2 form must be completed for each insurer.

Enter the following:

1. Insurer Group Name
2. Calendar Year reported
3. Quarter ending
4. WCB ID Number -the "W" number assigned by the WCB
5. FEIN -Federal employer identification number
6. NAIC Company Number
7. Insurer Name
8. Total Surcharge Due

For every insurer included in the payment, please select the button "Add Another Insurer".

The Total Surcharge Due for all insurers in the group should equal the total amount shown in column 15 of the Quarterly Unified Assessment Surcharge Workers Compensation Insurers Remittance Form (GA-2).

Complete the form with your name, title, email address, phone number, signature (if mailed) and date. Save a copy for your records.

Please email a saved version of the form as an attachment to Assessments@wcb.ny.gov. **Do not send a scanned version of the form.** Prior to sending the email, enter your group name in the subject line of the email, after the form number 2.1.

You will receive an "out of office response" form the WCB when your email is received. This will only be sent once to each email. If you submit for multiple entities, please request a return receipt to verify we did in fact receive your form. If you do not receive a reply, please try to attach a saved version of this form to an email to Assessments@wcb.ny.gov. If you still do not receive an email confirmation, please contact the Board by sending an email to WCBFinanceOffice@wcb.ny.gov.