

QUARTERLY UNIFIED EMPLOYER ASSESSMENT SURCHARGE

Workers' Compensation Carriers Remittance Form

State of New York- Workers' Compensation Board

General Instructions:

1. The information that appears on this form is intended to include all data needed such that the total premium base Column (11) is equal to the definition of standard premium for the New York State assessment surcharge as follows: Direct written premium excluding federal premium, volunteer firefighters' and volunteer ambulance workers' premium and expense constant, but adjusted for premiums related to retrospective rating adjustments, large risk rating or alternative rating option adjustments, premium discount, deductible program adjustments or other such adjustments needed to bring the total premium base up to the equivalent of standard premium. (The definition of standard premium for the New York State Assessment purposes differs from the common definition of standard premium.)
2. *The Quarterly Unified Employer Assessment Surcharge Workers' Compensation Carrier Remittance Form (GA-2) must be completed each quarter on a calendar year basis by every carrier that wrote workers' compensation premiums during the reporting period. The form, with payment, must be postmarked within thirty days of the end of the quarter.*
3. Carriers who are part of a larger carrier group, must complete and submit a separate *Quarterly Unified Employer Assessment Surcharge Workers' Compensation Carrier Remittance Form (GA-2)* for each carrier in the group by WCB Identification Number. However, a single aggregate payment may be made for the carrier group.
4. Carriers submitting an aggregated payment must complete the *Quarterly Unified Employer Assessment Surcharge Workers' Compensation Carriers Remittance Form - Carrier Group Addendum (GA-2.1)*
5. The assessment surcharge should be displayed on the policy page as "NYS Employer Assessment Surcharge" along with statistical code 0932.
6. Questions about the form or process should be directed to WCBFinanceOffice@wcb.ny.gov
7. Checks are to be made payable to the "**Commissioner of Taxation & Finance**" as custodian of the fund. For electronic payment options, please email billing@wcb.ny.gov
8. To ensure the proper application of payment please include W Number and applicable quarter on check.
9. All amounts should be reported in whole dollars.
10. This report and corresponding payment, along with any applicable addendums, must be submitted quarterly by every carrier.

**Submit completed form via e-mail to: Assessments@wcb.ny.gov
AND mail check with summary page to the address below:**

New York Workers' Compensation Board
328 State Street
Finance Unit, Room 331
Schenectady, NY 12305-2318

Carrier Information:

1. The WCB Identification Number or "W Number" as assigned to the carrier by the WCB.
2. The FEIN, or Federal Employer Identification Number for the carrier. Carriers submitting an aggregated payment and have more than one FEIN must complete the *Quarterly Unified Employer Assessment Surcharge Workers' Compensation Carriers Remittance Form -Carrier Group Addendum (GA2.1)*.
3. The carrier name should be the full legal name of the carrier approved to write workers' compensation.
4. The full mailing address of the carrier to be used for all correspondence related to the unified assessment must be provided.
5. The NAIC Company Number is the National Association of Insurance Commissioners company code assigned to the carrier.
6. The NAIC Group Number is the National Association of Insurance Commissioners group code assigned to the carrier.

Basis for Assessment:

1. The definition of standard premium for the New York State Assessment purposes differs from the common definition of standard premium.
2. Please refer to the GA-2 Statistical Code Guide located at www.wcb.ny.gov for further guidance on premium requirements and examples for columns 2-10.
3. The premium previously reported as of the last quarterly report in the current calendar year for which the assessment surcharge has already been paid. This will be column 11 from the previous quarter and is applicable to quarters' 2; 3; and 4.
4. The adjusted premium base is equal to the total premium base Column (11) less the premium previously reported for which the surcharge has already been paid Column (12).
5. The assessment rate for the policy effective year shown as established by the Chair pursuant to WCL Section 151. Assessment rates can be found on the WCB's website at www.wcb.ny.gov.
6. The total surcharge due is equal to the adjusted premium base Column (13) multiplied by the assessment surcharge rate Column (14). If an overall credit amount is due, this will be entered on the next quarter's submission (**Prior Quarter Credit**) and will offset the total amount due except in the fourth quarter. If a credit is due in the fourth quarter, upon verification of the annual data submitted to the New York State Department of Financial Services (DFS) and the New York Rating Insurance Board (NYCIRB) a refund will be issued.