



**Instructions for Completing Quarterly Unified Employer Assessment
Private Self-Insurers Remittance Form
Payroll by FEIN Addendum
State of New York – Workers' Compensation Board**

General Instructions

1. The *Quarterly Unified Employer Assessment Private Self-Insurers Remittance Form (Form GA-3)* must be completed each quarter on a calendar year basis by every active self-insured employer and submitted, with payment, within 30 days of the end of the quarter.
2. The *Quarterly Unified Employer Assessment Private Self-Insurers Remittance Form – Payroll by FEIN Addendum (Form GA-3.1)* is required when more than one employer is approved to self-insure on a consolidated basis under the W Number shown.
3. The payroll by class code reported on the *Quarterly Unified Employer Assessment Private Self-Insurers Remittance Form (Form GA-3)* must include all employers listed here.
4. Questions about the form or process should be directed to WCBFinanceOffice@wcb.ny.gov.
5. This report, if applicable, must be sent quarterly with the *Quarterly Unified Employer Assessment Private Self-Insurers Remittance Form (Form GA-3)*.

Self-Insurer Information

1. The WCB Identification Number, or "W Number," as assigned to the self-insurer when approved to self-insure.
2. The name of the self-insured employer must be the full legal name of the employer approved to self-insure.

Employers Covered Under the W Number

1. The FEIN, or Federal Employer Identification Number, must be reported for the self-insurer and all other employers approved to self-insure on a consolidated basis under the W Number assigned.
2. The self-insured employer name must be the full legal name of the employer approved to self-insure.
3. Total quarterly gross payroll associated with the FEIN number.
4. The total payroll of the *Quarterly Unified Employer Assessment Private Self-Insurers Remittance Form – Payroll by FEIN Addendum (Form GA-3.1)* total payroll must agree with that reported on the *Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return (NYS-45)*; specifically, Part C – Employee wage and withholding information. If total quarterly payroll does not agree with *NYS-45*, please provide reconciliation. No payroll caps are to be applied. The total payroll on Line 6 of the *GA-3* form must match the total payroll on Line 4 of the *GA-3.1* form.