

State of Georgia
Subsequent Injury Trust Fund
Annual Assessment Report – Insurance Carriers

In accordance with O.C.G.A. 34-9-359 and the regulations of the Subsequent Injury Trust Fund, this report **must be received by the Subsequent Injury Trust Fund on or before March 1, 201_**. The report must cover all actual workers' compensation indemnity and medical payments for the period of one year, from January 1, 201_ through December 31, 201_, regardless of date of accident. This information is used to compute the Subsequent Injury Trust Fund assessment rate for calendar year 201_.

PENALTY FOR LATE FILING – REPORTS RECEIVED BY THE SUBSEQUENT INJURY TRUST FUND AFTER MARCH 1, 201_ SHALL BE SUBJECT TO A PENALTY OF \$50.00 PER DAY, FOR EACH DAY THE REPORT IS DELINQUENT, OR TEN PERCENT (10%) OF THE ASSESSMENT, WHICHEVER IS GREATER. O.C.G.A. 34-9-359.

Reports will be considered timely received by the Subsequent Injury Trust Fund only if they are actually received in hand on or before the required due date OR bear a valid US Postal Service postmark on or before the required due date.

This report must be filed even if no workers' compensation benefits were paid during calendar year 201_.

WCB#
NAME, TITLE
COMPANY
ADDRESS
ADDRESS
CITY, STATE, ZIP

*Please make any changes or corrections to recipient name or address.
Please notify the Subsequent Injury Trust Fund of any contact or address changes as they occur.*

- CAREFULLY REVIEW THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS REPORT -

From January 1, 201_ through December 31, 201_, the following claims payments were made in accordance with the Georgia Workers' Compensation Law:

1.	NET CLAIMS PAYMENTS*	\$ _____
2.	POLICY HOLDERS' DEDUCTIBLES	\$ _____
3.	TOTAL	\$ _____

* NOTE: Attach a copy of Georgia Statutory Page 14 - 201_ Georgia Premium and Loss Report.
The amount on Line 1 must equal the amount reported on Georgia Statutory Page 14 "Direct Losses Paid (deducting Salvage)".
If the amount on Line 1 is different from the one on Georgia Statutory Page 14, please attach a detailed explanation.

CERTIFICATION

I, _____, hereby certify that the foregoing is a true and correct report of the payments made by
(Printed Name)
_____, a duly qualified insurance company under the Workers' Compensation Law of the
(Company)
State of Georgia. Furthermore, I am an official of said insurance company in the capacity of _____ and am
(Title)
hereby qualified to sign this report.

SIGNED THIS _____ DAY OF _____ 201_. SIGNATURE: _____

WITNESS: _____

PLEASE MAIL THIS ORIGINAL REPORT TO:

Subsequent Injury Trust Fund, 285 Peachtree Center Ave., Suite 1250, Atlanta, Georgia 30303-1229

If you have a disability and need assistance completing this form, please contact the SITF ADA Coordinator.

Any questions related to this form should be directed to the Director of Administrative Services, Subsequent Injury Trust Fund, 285 Peachtree Center Ave., Suite 1250, Atlanta, Georgia 30303-1229. Telephone: (404) 656-7022. Fax: (404) 656-7100. TDD: (404) 656-7162.

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INSTRUCTIONS

The Subsequent Injury Trust Fund must receive the report no later than **March 1**. Late report penalties will apply when your report is received after March 1, even if you paid no benefits during this assessment year. Reports will be considered timely received by the Subsequent Injury Trust Fund only if they are actually received in hand on or before the required due date OR bear a valid US Postal Service postmark on or before the required due date.

“Claims payments” consists of weekly indemnity, lump sum payments, settlements, funeral benefits, medical costs, and rehabilitation costs. DO NOT include Federal compensation payments.

LINE 1: NET CLAIMS PAYMENTS

Amount on Line 1 must equal the amount you reported in Column 5 on Georgia Statutory Page 14 “Direct Losses Paid (deducting salvage).” If it is different, attach detailed explanation.

LINE 2: POLICY HOLDERS’ DEDUCTIBLES

Report **all** amounts reimbursed to you or paid by your insured for deductibles. If you issued no policies with deductible amounts, write “NONE” on Line 2.

LINE 3: TOTAL

Add Line 1 and Line 2.