PLEASE TYPE OR PRINT LEGIBLY. State Form 12386

SELF-INSURED EMPLOYER CERTIFICATION

STATE OF _____ COUNTY OF _____

I, _____, hereby CERTIFY that I am _____ (Title)

of _____ (Company) and that I have knowledge of the

workers' compensation records of Company. I further CERTIFY that the amount of compensation, **including** medical, paid under the Indiana Worker's Compensation Act to injured employees, or their beneficiaries, during the calendar year **2022** was $.

I further CERTIFY that I have calculated this self-insured company's Second Injury Fund Assessment for 2024 by dividing the above number for total losses paid by 78,225,863 (which, in dollars represents the total amount of compensation and medical paid by all self-insured employers in 2022), and then multiplying that figure by 1,228,323 (which, in dollars represents the amount for all self-insured employers' portion of the 2024 assessment for the Second Injury Fund). This calculation produced _____, which in dollars, represents Company's annual assessment.

____I further CERTIFY that the enclosed sum of $_____ represents one half of Company's calculated assessment, which is the first installment of the statutory assessment due on **January 31, 2024** and payable to the Worker's Compensation Board of Indiana for the Second Injury Fund. **(This option is available only if the total assessment is greater than $1,000.)** I agree to pay $_____ as payment of the second half of Company's assessment for 2024 *without notice* to the Board by **June 14, 2024**.

OR

____I further CERTIFY that the enclosed sum of $_____ represents Company's entire assessment.

PLEASE PAY ELECTRONICALLY VIA: http://www.in.gov/wcb and submit a copy of this Certification with each payment.

I hereby verify, subject to penalties of perjury, that the facts contained herein are true.

_____ _____
Signature Date

_____ _____
Company Name Federal ID Number

_____ _____
Telephone Number E-mail Address

_____ _____
Mailing Address City, State, Zip

***Please note that IC§22-3-3-13(k) requires each company subject to this assessment to provide to the Board the name, address, and E-mail address of a representative authorized to receive the notice of assessment.**