

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 2020 was \$_____.

I further CERTIFY that I have calculated this self-insured company's Second Injury Fund Assessment for 2022 by dividing the above number for total losses paid by 77,836,121 (which, in dollars represents the total amount of compensation and medical paid by all self-insured employers in 2020), and then multiplying that figure by 1,215,358 (which, in dollars represents the amount for all self-insured employers' portion of the 2022 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, 2022 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 2022 without notice to the Board by June 15, 2022.

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(j) 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.