

CERTIFICATION FOR WORKER'S COMPENSATION CARRIERS

STATE OF _____ COUNTY OF _____

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

of _____ (Carrier) and that I have knowledge of the workers' compensation records of Carrier. I further CERTIFY that the amount of **direct written premiums** issued by Carrier for Indiana Worker's Compensation Insurance in the calendar year **2023** totaled \$_____.

I further CERTIFY that I have calculated Carrier's 2025 assessment for the Second Injury Fund by dividing the above number representing Carrier's Direct Written Premiums by 855,305,000 (which, in dollars represents the total direct written premiums for all worker's compensation carriers in Indiana in 2023), and then multiplying that figure by 7,729,861 (which, in dollars represents the amount for all carriers' portion of the 2025 assessment for the Second Injury Fund). This calculation produces _____, which in dollars represents Carrier's total annual assessment.

_____ I further CERTIFY that the enclosed sum of \$_____ represents:

_____ one half of Company's calculated assessment (**only if total assessment is greater than \$1,000**), which is the first installment of the statutory assessment due by **January 31, 2025** and payable to the Worker's Compensation Board of Indiana for the Second Injury Fund. I agree to pay \$_____ as payment of the second half of Company's assessment for 2025 *without notice* to the Board by **June 13, 2025 to avoid penalties**.

OR

_____ I further CERTIFY that the enclosed sum of \$_____ represents the entire assessment of Company.

PLEASE PAY ELECTRONICALLY VIA <http://www.in.gov/wcb> and submit a copy of this certificate with each installment.

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

Signature_____
Date_____
Carrier 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.**