

**SELF-INSURED EMPLOYER CERTIFICATION**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, hereby CERTIFY that I am \_\_\_\_\_  
(Official Title)

of \_\_\_\_\_ and that I have knowledge of the  
( Company)

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 **2016** was \$ \_\_\_\_\_.

I further CERTIFY that I have calculated this self-insured company's Second Injury Fund Assessment for 2018 by dividing the above number for total losses paid by 74,156,284 (which, in dollars represents the total amount of compensation and medical paid by all self-insured employers in 2016), and then multiplying that figure by 988,510 (which, in dollars represents the amount for all self-insured employers' portion of the 2018 assessment for the Second Injury Fund). This calculation gave me \_\_\_\_\_, which in dollars, represents Company's annual assessment, payable in two equal installments.

\_\_\_\_\_ 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, 2018** 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 2018 *without notice* to the Board by **June 29, 2018**.

OR

\_\_\_\_\_ I further CERTIFY that the enclosed sum of \$ \_\_\_\_\_ represents Company's entire assessment.

PLEASE PAY ELECTRONICALLY VIA: <http://www.in.gov/wcb>.

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(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.**