

<p align="center">State of Alaska Sean Parnell Governor</p>	<p align="center">Alaska Workers' Compensation Division PO Box 115512 Juneau, Alaska 99811-5512</p>		
<p align="center">Department of Labor and Workforce Development</p>	<p align="center">BULLETIN</p>	<p align="center">Number 10-05</p>	<p align="center">Date December 3, 2010</p>
<p align="center">Clark Bishop Commissioner</p>	<p>SUBJECT</p> <p>REFERENCE</p>	<p>Filing Requirements for the 2009 Annual Report; Paying SIF Contributions; Paying Workers' Safety and Compensation Fees AS 23.30.155 & 8 AAC 45.136; AS 23.40.040; AS 23.05.067</p>	

The following are filing requirements for annual reports under AS 23.30.155 & 8 AAC 45.136; paying Second Injury Fund (SIF) contributions under AS 23.30.040; and paying Workers' Safety and Compensation Administration Account (WSCAA) fees under AS 23.05.067 for self-insured employers.

This bulletin supersedes and replaces all prior bulletins regarding filing of annual reports, and SIF & WSCAA contributions.

These requirements are effective for the calendar year 2010 annual report, which is **due on or before March 1, 2011.**

Please review the filing requirements carefully to ensure that your filing is in compliance, and to avoid penalties and interest for incorrect filings.

Questions concerning the annual report filing, or the SIF and WSCAA fees may be addressed to

Ted Burkhart
Division of Workers' Compensation
Department of Labor & Workforce Development
PO Box 115512
Juneau, AK 99811-5512
(907) 465-6055
Ted.Burkhart@Alaska.gov

ANNUAL REPORT

- ◆ An annual report must be submitted for each insurance company that incurred workers’ compensation claims expenses in the reporting year. The report may be submitted by either the insurer or the insurer’s claims adjuster, **but not both**.
- ◆ Annual reports must be submitted electronically; hard-copy paper reports are not accepted. The only acceptable methods of transmission are via 3 1/2 inch diskette, CD ROM disc, or as an attached document in an e-mail file. Acceptable formats include an Excel spreadsheet or a delimited text file. Discs should be mailed to Department of Labor, Second Injury Fund, P.O. Box 115512, Juneau, AK 99811-5512. E-mails should be sent to Ted.Burkhart@Alaska.gov. Reports submitted on paper or by electronic means other than that listed above will be returned, and if applicable, late-filing penalties may be applied to the resubmission.
- ◆ A separate annual report file must be submitted for each insurance company, however multiple files may be transmitted in a single email, CD, or diskette. Do not submit a single file for an entire insurance group; do not file by out-of-state TPA name. Do not file by business account. The remitter must identify each file submitted by name of the insurance company, and the insurance company’s NAIC number.
- ◆ Each submission must clearly state the name, mailing address, phone number, and e-mail address of the person responsible for the annual report filing. This information must be on a label adhered to each floppy disk, CD ROM or set out in the body of the e-mail filing.
- ◆ The file is to contain alphanumeric data only, and must not contain any text formatting or text headings. Numeric fields should not contain any symbols; i.e., (\$\$), commas, formulas, parenthesis, brackets, etc. Reports not submitted in the described format will be returned, and if applicable, late filing penalties may be applied to the resubmission.
- ◆ Report all payments made with payment dates during the 2010 calendar year, regardless of the ‘from and through dates’, whether made by the employer, the insurer, or the adjuster, including overpayments and employer wage continuations.
- ◆ The file must be in the same data sequence as indicated in the enclosed record layout. If you are not reporting a value for a specific field type, you must enter a zero (“0”) value. Reports not submitted in the described format will be returned, and if applicable, late-filing penalties may be applied to the resubmission.
- ◆ The AWCB number must be reported as a nine-character number, i.e., 201012345. An extract of injury reports received by the Division during the 2010 calendar year is available upon request.
- ◆ Monetary amounts are to be rounded to the nearest whole dollar, with no comma placement for thousand (000) values. Negative values should have a minus sign in front of the value and not brackets. For example, “-100” not “(100)”.

TABLE 1	
YEAR	RATE
1959-66	2% ppd
1966-70	5% ppd
1971-81	8% ppd
1982-85	6% ttd, tpd, ppi & ptd
1986	5% ttd, tpd, ppi & ptd
1987-89	0%
1990	3% ttd, tpd, ppi & ptd
1991	5% ttd, tpd, ppi & ptd
1992-94	6% ttd, tpd, ppi & ptd
1995	5% ttd, tpd, ppi & ptd
1996	6% ttd, tpd, ppi & ptd
1997-98	5% ttd, tpd, ppi & ptd
1999	6% ttd, tpd, ppi & ptd
2000	5% ttd, tpd, ppi & ptd
2001	6% ttd, tpd, ppi & ptd
2002	6% ttd, tpd, ppi & ptd
2003	6% ttd, tpd, ppi & ptd
2004	6% ttd, tpd, ppi & ptd
2005	6% ttd, tpd, ppi & ptd
2006	6% ttd, tpd, ppi & ptd
2007	6% ttd, tpd, ppi & ptd
2008	6% ttd, tpd, ppi & ptd
2009	5% ttd, tpd, ppi & ptd
2010	4% ttd, tpd, ppi & ptd
2011	5% ttd, tpd, ppi & ptd

SECOND INJURY FUND CONTRIBUTION

- ◆ The Second Injury Fund (SIF) contribution is due at the time of the annual report filing, **which is on or before March 1st**. Do not submit SIF contributions with termination reports during the year.
- ◆ SIF contributions are assessed against each claim, based on the *year of the injury* and the SIF contribution rate in effect at that time (see Table 1). The coming year’s contribution rate is announced via bulletin each December. See <http://www.labor.state.ak.us/wc/bulletins.htm>.
- ◆ SIF contributions are paid on all claims, irrespective of whether SIF reimbursement is currently being received on the claim. No SIF payment should be submitted for a claim where the SIF assessed amount due is \$20.00 or less.
- ◆ A check payable to the Second Injury Fund must be submitted on or before March 1st. Interest and penalties will be applied for filings and/or payments received after March 1st. The amount of the SIF payment must equal the total of the ‘SIF Contribution’ column from the annual report. A single aggregate check must be sent for each insurer’s report, rather than a separate SIF check for each claimant. If payment being submitted that does not match the annual report’s SIF total, a breakdown must be included with the payment listing each claimant’s name, the AWCB#, and the SIF assessment. Payments should be sent to the Department of Labor, Second Injury Fund, and P.O. Box 115512, Juneau, AK 99811-5512.

WORKERS' SAFETY and COMPENSATION FEES

Uninsured employers, insurance companies, and self-insured employers are required to pay a service fee for state administration of workers' compensation (AS 23.05.067).

- ◆ The service fee for *insurance companies* is included in the annual premium tax assessment under AS 21.09.210. There are no additional filing requirements with the Division of Workers' Compensation. The Alaska Division of Insurance will process the fee transfer.
- ◆ Employers who are *self-insured* under AS 23.30.090 must submit a service fee with their annual report, **on or before March 1st**. The amount of the service fee is a percentage of total payments reported on the annual report, excluding the amount of the SIF contribution. The contribution rate for calendar year 2010, due March 1, 2011, is 2.90% (see Table 2).
- ◆ Employers who are uninsured must submit a service fee with their annual report. The amount of the service fee is a percentage of total payments reported on the annual report, excluding the amount of the SIF contribution. The contribution rate for calendar year 2010, due March 1, 2011, is 2.90% (see Table 2).

	2001	2002	2003	2004 +
Insurance Co's	2.31%	2.17%	2.03%	1.82%
Self Insurers	.90%	1.70%	2.40%	2.90%
Uninsured Employers	3.6%	3.40%	3.20%	2.90%

ANNUAL PENALTY ASSESSMENTS

After importing and reviewing the annual report data, the Workers' Compensation Division will return a preliminary annual report penalty assessment. Upon receiving the preliminary report, you have *30 days* to submit corrections to the original annual report filing. After that time, all penalties are final. Final penalty assessments may be appealed by petition to the Alaska Workers' Compensation Board. The penalty report includes:

- ◆ An assessment for unpaid SIF contributions
- ◆ An assessment for unpaid Workers' Safety and Compensation fees
- ◆ SIF penalties for late compensation report filing, pursuant to AS 23.30.155(c)
- ◆ Waiver of 155(c) penalties pursuant to AS 23.30.155(m). Waiver of penalties is based on total late payments for reporting year / total all payments for reporting year (p. 82, Legislative Audit Report, No. 07-4601-00, October 31, 1999)
- ◆ Civil penalties for late report filing pursuant to AS 23.30.155 (m)
- ◆ Error listing and civil penalty for incomplete and inaccurate report, pursuant to AS 23.30.155(m) and 8 AAC 45.136.

ANNUAL REPORT RECORD LAYOUT

Field	Data Type
1. Insurer FEIN	Numeric
2. Claim Administrator FEIN	Numeric
3. AWCB Number	Numeric
4. Insurer Number	Alphanumeric
5. Claimant Name	Alpha
6. Date of Injury	DateTime
7. Medical Benefits	Numeric
8. TTD Paid	Numeric
9. TPD Paid	Numeric
10. PPI Paid	Numeric
11. PTD Paid	Numeric
12. 25% Penalties Paid	Numeric
13. SIF Contribution	Numeric
14. Death Benefits Paid	Numeric
15. Rehab Evaluation Costs	Numeric
16. Rehab Specialist Plan Fees	Numeric
17. Rehab Specialist Monitor Fees	Numeric
18. Rehab Plan Costs	Numeric
19. 23.30.041(k) Paid	Numeric
20. 23.30.041(g) Paid	Numeric
21. Interest	Numeric
22. Employee Attorney Fees	Numeric
23. Employer Attorney Fees	Numeric
24. Litigation Costs	Numeric
25. Other Claim Costs	Numeric

ANNUAL REPORT DEFINITIONS

1. **Insurer FEIN** – Nine-character federal employer identification number.
2. **Claim Administrator FEIN** - Nine-character federal employer identification number.
3. **AWCB Number** - Nine-character number assigned by the Division for each individual claim. The adjuster is sent a notice of this number when the Division sets up a file.
4. **Insurer Number** - Number assigned by the insurer or adjuster that the Division can use to reference a claim.
5. **Claimant Name** - Best if submitted as Last name, First name
6. **Date of Injury** – The date of reported injury, formatted as mm/dd/yyyy
7. **Medical Benefits** - Includes, physician's fees, nurse's charges, hospital charges, medicine, prosthetic devices, physical therapy, etc.
8. **TTD** - Temporary Total Disability compensation payments
9. **TPD** - Temporary Partial Disability compensation payments
10. **PPI** - Permanent Partial Impairment compensation payments. For injuries prior to July 1, 1988, it is Permanent Partial Disability payments.
11. **PTD** - Permanent Total Disability compensation payments.
12. **25% Penalty** - Penalty amount paid to claimant pursuant to 23.30.155(e) when an indemnity payment is not paid within seven days after it becomes due. (The penalty is 20% for injuries before July 1, 1988).
13. **SIF Contribution** - Amount of Second Injury Fund contribution that is being submitted with the annual report.
14. **Death Benefits** - Amount paid to dependents in cases where injury results in death of an employee. This includes all funeral benefits.
15. **Rehabilitation Evaluation Costs** - Fees paid to rehabilitation specialist to complete an eligibility evaluation.
16. **Rehabilitation Specialist Plan Fees** - Fees paid to rehabilitation specialist to formulate a rehabilitation plan.
17. **Rehabilitation Specialist Monitor Fees** - Fees paid to rehabilitation specialist to monitor employee throughout the plan.
18. **Rehabilitation Plan Costs** - Costs incurred for rehabilitation, excluding 041(k) wages and rehabilitation specialist fees. Includes tuition, books, tools, supplies, transportation, lodging, job modification devices, etc.
19. **.041(k) Wages** - Amount paid to employee who is receiving rehabilitation services, and whose PPI benefits are exhausted before the end of the plan.
20. **.041(g) Benefit** – Amount paid to employee who has waived rights to rehabilitation benefits, also referred to as the job dislocation benefit.
21. **Interest** - Amount of interest paid on a claim due to late payment of compensation or medical benefits, per AS 23.30.155(p). This is separate from 25% penalty noted above.
22. **Employee Attorney Fees** - Employee attorney fees paid by employer or insurer.
23. **Employer Attorney Fees** - Employer attorney fees paid by employer or insurer.
24. **Litigation Costs** - Fees paid for claim litigation, excluding attorney fees.
25. **Other** - Agent fees, adjuster fees, or other expenditures not covered in any of the other payment categories.