IDAPA 17 - INDUSTRIAL COMMISSION

17.02.11 - RULES GOVERNING SECURITY FOR COMPENSATION – SELF-INSURED EMPLOYERS DOCKET NO. 17-0211-1101

NOTICE OF RULEMAKING - PROPOSED RULE

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section(s) 72-508, 72-520, 72-721, 72-722, and 72-723, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be held as follows:

October 12, 2011	October 20, 2011	October 24, 2011
10:00 a.m. – 12:00 p.m.	10:00 a.m. – 12:00 p.m.	10:00 a.m. – 12:00 p.m.
Ameritel Inn – Spectrum 2501 S. 25th Street East Ammon, Idaho 83406	Best Western Coeur d'Alene Inn 700 S. Clearwater Lane 506 W. Appleway Ave. Coeur d'Alene, ID 83814	Industrial Commission 700 S. Clearwater Lane Boise, ID 83712

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking: Adds to the requirements for public and private employers applying for approval to become self-insured; Expands on the acceptable forms of security; Adds provisions to better ensure that security deposits are sufficient to cover the employer's liabilities and provides credit for excess insurance policies; Changes the reporting requirements and forms to capture the outstanding liabilities of a self-insured employer for workers' compensation which helps in determining their security deposit requirements and ensure injured workers are adequately covered.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year resulting from this rulemaking: N/A

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(2), Idaho Code, negotiated rulemaking was conducted through a subcommittee of the Commission's Advisory Committee. All self-insured employers in the state of Idaho were invited to attend these meetings and those employers provided input to the Industrial Commission on the drafting of these rule revisions. Subcommittee members and the Advisory Committee members reached consensus to proceed with the changes being submitted.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Jane McClaran, 334-6042.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before October 26, 2010.

DATED this 17th day of August, 2011.

Docket No. 17-0211-1101 Proposed Rulemaking

Nancy Beeson, Commission Secretary Industrial Commission 700 S. Clearwater Lane

P.O. Box 83720 Boise, ID 83720-0041 Phone: 208-334-6000 Fax: 208-334-5145

	T	HE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 17-0211-1101	
012. For the		ITIONS. of this chapter, the following definitions are applicable:	4-7-11)
Law.	<u>01.</u>	Compensation. All benefits payable under the provisions of the Idaho Workers Compensation	nsation
includir depende	042. ng temporents, retra	Indemnity Benefits . All payments made to or on behalf of workers' compensation clairary or permanent disability benefits, permanent partial impairment benefits, death benefits ining benefits, and any other type of income benefits, but excluding medical and related benefits, but excluding medical and related benefits.	paid to
	0 <u>23</u> .	Indemnity Claim . Any claim made for the payment of indemnity benefits.	4-7-11)
own dir employ		Payroll. The gross amount paid by an employer for salaries, wages or commissions earned oyees, but not including any money paid to another entity or received from another entity for	
	to be con	S GOVERNING QUALIFICATIONS OF SELF-INSURED EMPLOYERS. Insidered for approval by the Industrial Commission to self-insure under Section 72-301, Idaho all comply with the following requirements:	Code, 4-7-11)
million	01. dollars (\$	Payroll . Have an average annual Idaho payroll over the preceding three (3) years of at lea \$4,000,000);	st four 4-7-11)
	n: Fiscal	Application . Submit a completed application, available from the Industrial Commission's with the application fee of two hundred fifty dollars (\$250), to the Idaho Industrial Commission, at 700 S. Clearwater Lane, PO Box 83720-0041, Boise, Idaho 83720-0041; telephone (4	nission,
financia stateme		Documentation . Submit documentation satisfactory to the Commission demonstrating the ion of the employer, such as the most recent CPA reviewed or, if available, audited, fin	
	04.	Adjuster. Designate in writing a licensed Idaho resident adjuster; (4	4-7-11)
the emp		Previous Claims . Provide a history of <u>all</u> workers' compensation claims filed with the employerkers' compensation carrier, as <u>well</u> as all compensation paid, during the previous <u>three</u> fix (4.7.11)	<u>ve</u> (3 5)
workers	, <u>06.</u> comper	Excess Insurance. Provide an insurance plan and copies of all proposed policies of assation insurance coverage.	excess ()
rates fo	07. r the prop	Actuarial Study. Provide an actuarial study prepared by a qualified actuary determining adosed self-funded worker's compensation plan based upon a fifty percent (50%) confidence le	

08. Feasibility Study. Provide a self-insurance feasibility study that includes an analysis of the advantages and disadvantages of self insurance as compared to current coverage, and the related costs and benefits.

069. Custodial Agreement. Set up a custodial agreement with the State Treasurer for securities required to be deposited under Sections 72-301 and 72-302, Idaho Code; (4-7-11)

67-10. Supplemental Information. Provide supplemental information as requested: (4-7-11)

6811. Initial Security Deposit. Prior to final approval, deposit an initial security deposit with the Idaho State Treasurer in the form permitted by Section 72-301, Idaho Code, or a self-insurer's bond in substantially the form set forth in Subsection 014.02, of this rule, in the amount of one hundred and fifty thousand dollars (\$150,000), plus five percent (5%) of the first ten million dollars (\$10,000,000.00) of the employer's average annual payroll in the state of Idaho for the three (3) preceding years; along with such additional security as may be required by the Commission based on prior claims history; (4-7-11)

*θ***912. Written Approval**. Obtain written approval from the Industrial Commission. (4-7-11)

014. CONTINUING REQUIREMENTS FOR SELF-INSURED EMPLOYERS.

Upon receiving the approval of the Industrial Commission to be a self-insured employer under Section 72-301, Idaho Code, to continue such approval a self-insured employer shall comply with the following requirements: (4-7-11)

91. Payroll Requirements. Maintain an average annual Idaho payroll over the preceding three (3) years of at least four million dollars (\$4,000,000), if such employer was originally approved by the Commission subsequent to April 30, 1984, and two million dollars (\$2,000,000) if such employer was originally approved by the Commission prior to May 1, 1984; provided, however, that any employer who was an approved self-insured employer on July 1, 1974 need not comply with the provisions of this section. Any self-insured employer that does not meet the payroll requirements of this rule for two consecutive semi-annual premium tax reporting periods shall be allowed to maintain their self-insured status for six (6) months from the end of the last reporting period in order to permit them time to increase their payroll or obtain workers' compensation coverage with an insurance carrier authorized to write workers' compensation insurance in the state of Idaho.

(4.7.11)(_____)

O2. Security Deposit with Treasurer.

(4-7-11)

- a. Maintain a <u>primary</u> security deposit with the Idaho State Treasurer in the form permitted by Section 72-301, Idaho Code, <u>or</u> a self-insurer's bond in substantially the form set forth below, <u>or in such other form approved by the Commission</u>, in the amount of one hundred fifty thousand dollars (\$150,000), plus five percent (5%) of the employers' average annual payroll in the state of Idaho for the three (3) preceding years, not in excess of ten million dollars (\$10,000,000) if such employer was originally approved by the Commission subsequent to April 30, 1984; and five million dollars (\$5,000,000) if such employer was originally approved by the Commission prior to May 1, 1984. In addition thereto, the self-insured employer shall deposit additional security in <u>an such</u> amount <u>equal to all outstanding and unpaid awards of</u> as the Commission determines is necessary to secure the self-insured employer's total unpaid liability for compensation under the Workers' Compensation Law.
- **b.** Self-insured employers shall receive a credit for the primary security deposit against the self-insured employer's obligation to post the additional security required by Subsection 014.02.a. of this rule.
- Excess insurance coverage approved by the Commission may apply as a credit against the self-insured employer's obligation to post the additional security required by Subsection 014.02.a. of this rule. The Commission must be provided with thirty (30) days advance written notice of any change or cancellation of an approved excess insurance policy.
- **bd.** All security deposited by the self-insured employer shall be maintained as provided by Section 72-302, Idaho Code. (4-7-11)
 - ee. Any withdrawal or partial release of security deposited hereunder must be requested in writing and

approved by the Commission.

(4-7-11)

SELF-INSURER'S COMPENSATION BOND	
KNOW ALL MEN BY THESE PRESENTS, THAT State of, hereinafter called the Principal, as Principal, and the surety corporation authorized to transact a surety business in the State of Idaho, as Surety, are unto the State of Idaho, for the use and benefit of all those employees of the Principal to whom whom the Principal may, during the life of this bond, become liable for benefits unde Compensation Law, as hereinafter more fully referred to, in the sum equal to and limited by the become due and/or payable by said Principal to said employees under the terms, provisions Workers' Compensation Law, and in accordance with the terms, agreements, conditions obligation not exceeding, however, the sum of dollars, for the payment of made, the Principal well and truly binds itself, its successors and assigns, and the Surety bin and assigns, jointly and severally, well and truly by these presents.	e held and firmly bound n or to the dependents of er the Idaho Workers' the sum or sums that may and limitations of said and limitations of this f which, well and truly
WHEREAS, in accordance with the provisions of Idaho Code, Title 72, Chapters known as the Workers' Compensation Law and all amendments thereto, and Principal compensation to its employees by depositing and maintaining with the Industrial Commission issued and executed by the surety herein named, which surety is duly qualified to transact such Idaho subject to the approval of the Industrial Commission of the State of Idaho.	has elected to secure n of Idaho a surety bond
NOW, THEREFORE, the condition of this obligation is such that if the sai	

NOW, THEREFORE, the condition of this obligation is such that if the said Principal shall pay compensation according to the terms, provisions, and limitations of Idaho Code, Title 72, Chapter 1 to 8, both inclusive, known as the Workers' Compensation Law and all amendments thereto, to its injured employees or the dependents of its killed employees contemplated by the terms of and covered under the said law, and shall furnish medical, surgical, nursing and the hospital services and attention and funeral expenses as provided for in said law (all of which shall be understood to be included in the term "compensation" as hereinafter used), then this obligation shall be null and void, otherwise to remain in full force and effect, subject, however to the following express conditions and agreements:

That any employee or the dependent of any employee of the Principal entitled to compensation under said Workers' Compensation Law, shall have the right to enforce in his own name the liability of the Surety hereunder, in whole or in part, for such compensation, either by at any time filing a separate claim against the Surety or by at any time making the Surety a part of the original claim against the employer; provided, however, that payment in whole or in part of such compensation by either the Principal or the Surety shall, to the extent thereof, be a bar to the recovery against the other of the amount so paid.

That as between the employee and the Surety, notice to or knowledge of the occurrence of injury on the part of the employer shall be deemed notice to or knowledge, as the case may be, on the part of the Surety; that the obligation of the Surety, and the Surety, shall in all things be bound by and subject to the orders, findings, decisions or awards rendered against the Principal for the payment of compensation under the provisions of the Workers' Compensation Law aforesaid, and that the insolvency or bankruptcy of the Principal and its discharge therein, shall not relieve the Surety from the payment of compensation for injuries, including death resulting therefrom, sustained during the life of this bond by an employee of the Principal covered under the Workers' Compensation Law.

That upon request of the Industrial Commission of Idaho, it will make such changes in this form of bond by endorsement to be attached hereto or by the execution of a surety bond replacing this one, as the said Commission may deem requisite, to bring this bond into conformity with its rulings as to the form of surety bond required of employers under Idaho Code, Title 72, Chapters 1 to 8, both inclusive, known as the Workers' Compensation Law and all amendments thereto.

This bond is issued for an indefinite term to begin on the _____ day of ______, 20___, and will continue in full force and effect until terminated in either of the following two manners: This bond may be cancelled by the Surety by filing sixty (60) days written cancellation notice by registered mail with the Industrial Commission of the State of Idaho. This bond may be cancelled by the Industrial Commission of the State of Idaho by written notice to the Surety hereon, which notice shall specify the date of termination of the bond.

Counters	gned		
Ву	8		
- J	Resident Agent	Principal	
	SEAL		
SEAL	Ву		
		Ву	
	form are available from the Fiscal Soise, Idaho 83720-0041, Telephone	ection of the Industrial Commission, 700 S. Clea (208) 334-6000.	rwater Lane, P (4-7-11)
03. within the state on the limited to, the	of Idaho who shall have full authority	Adjuster. Maintain a resident licensed claims a y to service said claims on behalf of the employer	
a.	Investigate and adjust all claims for	r compensation;	(4-7-11)
b.	Pay all compensation benefits due;		(4-7-11
c. which may be is	Accept service of claims, applications sued under the Workers' Compensation	tions for hearings, orders of the Commission, a ion Law;	and all proces (4-7-11
d.	Enter into compensation agreement	ts and lump sum settlements with Claimants;	(4-7-11
e. under the Worke	Provide at the employer's expensers' Compensation Law.	e necessary forms to any employee who wishes	to file a clain (4-7-11
04. annually, or mor compensation <u>o</u> j	e often as required by the Commission	strial Commission <i>at the end of each calendar</i> on, <u>total unpaid liability on</u> all <i>outstanding and un</i>	· quarter <u>semi</u> paid awards o (4-7-11)(
a. the Industrial Co	The <u>semi-annual</u> report of <i>outstane</i> mmission by the end of the month <u>s</u> <i>f</i>	ding and unpaid awards total unpaid liability sha following the end of each calendar quarter of Jan	all be filed with huary and July.
b. and medical only and December.		gate number of open claims, including indemniting compensation paid on open claims, as of the en	
bc. employer shall c		here are no <i>outstanding awards</i> open claims. In anding awards open claims to be reported.	that event, the (4 7 11)(
chapter as Appe	<i>Outstanding Awards</i> —Self-Insured Endix A. The report may be produced	or in a format that is substantially the same as Formployers Report of Total Unpaid Liability," whi as a computerized spreadsheet or database printed larger than eight and one-half inches by eleven	ich follows this out and shall be
<i>d</i> e.	The manest shall be signed and so	rtified to be correct by a corporate officer. If an	amployar ha

designated more than one adjuster for workers' compensation claims in Idaho, a corporate officer of the employer shall prepare, certify and file a consolidated report of all outstanding and unpaid compensation awards liability.

(4-7-11)

- e. The report shall list all outstanding awards at the beginning and end of the reporting period, commencing with the calendar quarter during which the award is made or benefits are first paid, whichever occurs first, along with the amount of any compensation paid on each claim during the reporting period.

 (4-7-11)
- **f.** A self-insured employer shall also make such other reports to the Commission as it may require in reference to matters under the Workers' Compensation Law. (4-7-11)
- **O5. Submit to Audits by Industrial Commission**. Each year a self-insured employer shall provide the Industrial Commission with a copy of its annual financial statements, or other acceptable documentation. Each self-insured employer shall submit to audit by the Commission or its designee at any time and as often as it requires to verify the amount of premium such self-insured employer would be required to pay as premium to the State Insurance Fund, and to verify compliance with the provisions of these rules and the Idaho Workers' Compensation Law.

(4-7-11)

O6. Comply with Law and Rules. Comply with the statutes of the state of Idaho and the rules of the Industrial Commission to the end that payment of compensation shall be sure and certain and not unnecessarily delayed. The Commission may withdraw its approval of any employer to operate as a self-insurer if it shall appear to the Commission that workers secured by said self-insured employer are not adequately protected and served, or the employer is failing to comply with the provisions of these rules or the Workers' Compensation Law. (4-7-11)

(BREAK IN CONTINUITY OF SECTIONS)

271. RULE GOVERNING REPORTING INDEMNITY <u>AND MEDICAL</u> PAYMENTS AND MAKING PAYMENT OF INDUSTRIAL SPECIAL INDEMNITY FUND ASSESSMENT.

Pursuant to Section 72-327, Idaho Code, every authorized self-insurer authorized to self-insure its workers' compensation obligations in Idaho shall report annually to the Industrial Commission the total gross amount of indemnity benefits paid on Idaho workers' compensation claims during the applicable reporting period. (4-7-11)

- **01. Filing**. The report of indemnity <u>and medical</u> payments shall be filed with the Industrial Commission simultaneously with the first Semi-Annual Premium Tax Report; which, pursuant to Section 72-523, Idaho Code, is due each year on March 3rd.

 (4.7.11)(_____)
- **O2. Form**. The report of indemnity <u>and medical</u> payments shall be submitted in writing on, or in a format substantially the same as Form IC2-327, "<u>Report of Indemnity Payments</u> <u>Workers' Compensation Claims Involving Medical Payments Only and Claims Involving Indemnity Payments Report," contained in Appendix B at the end of this chapter.</u>
- **03. Report Required When No Indemnity Paid**. If an entity required to report under this rule has no claims against which indemnity payments have been made during the reporting period, a report shall be filed so indicating. (4-7-11)
- **04. Penalty for Late Filing.** A penalty shall be assessed by the Commission for filing the report of indemnity <u>and medical</u> payments later than March 3 each year. (4-7-11)(_____)
 - **a.** A penalty of two hundred dollars (\$200) shall be assessed for late filing of seven (7) days or less. (4-7-11)
- **b.** A penalty of one hundred dollars (\$100) per day shall be assessed for late filing of more than seven (7) days. (4-7-11)

- **c.** A penalty assessed by the Commission shall be payable to the Industrial Commission and shall be submitted with the April 1 payment of the industrial special indemnity fund assessment, following notice by the Commission of the penalty assessment. (4-7-11)
- **05. Estimating Indemnity Payments for Entities That Fail to Report Timely.** If an entity required to report indemnity <u>and medical</u> payments under these rules fails to report within the time allowed in these rules, the Commission will estimate the indemnity payments for that entity by using the indemnity amount reported for the preceding reporting period and adding twenty percent (20%).

 (4.7 H)(____)
- **06.** Adjustment for Overpayments or Underpayments. Overpayments or underpayments, including those resulting from estimating the indemnity payments of entities that fail to report timely, will be adjusted on the billing for the subsequent period. (4-7-11)

272. -- 999. (RESERVED)

APPENDIX A

IC36B -- REPORT OF OUTSTANDING AWARDS -- SELF-INSURED EMPLOYERS

(Nan	ne of Self-Insured 1	Employer)						
	Calendar Year:							
	For Calendar	Quarter I	Ending: qA	Iarch qJune qSe	eptember qDece	mber		
(1)	(1) (2) (3) (4) (5) (6) (7) (8)							
Date of Injury	Claimant Name (as shown on First Report of Injury)	Type of Claim	Total Awards	Compensation Paid This Report Period	Total Compensation Paid to Date	Adjust ments	Unpaid Balance -[(4) minus (5)]	
TOTALS								

Send Original to: Fiscal Section, Industrial Commission, P. O. Box 83720, Boise, Idaho 83720-0041

I, the undersigned corporate officer of the above named self insured employer, do hereby certify that this report is complete and accurate to the best of my knowledge.

Corporate Officer's	Signature:	 	
Title:		 	
Printed Name:		 	

Date:	_
Name and Title of Preparer:	
Company:	
Address:	
Telephone:	- E-Mail Address:
Page Of	

APPENDIX A

	IC-211, SELF- INSURED EMPLOYER REPORT OF TOTAL UNPAID LIABILITY						
	(Name of Self-Insured Employer)						
			Calendar	Year:			
For Calendar	Semiannual I	Period Ending	and As Of:			<u>June</u>	<u>December</u>
(1)	(2)	(3)	<u>(4)</u>	<u>(5)</u>	<u>(6)</u>	<u>(7)</u>	<u>(8)</u>
Total Number of Open Claims	Total Incurred Medical Only	Total Paid Medical Only	$\begin{array}{c} \underline{Total} \\ \underline{Unpaid} \\ \underline{Medical} \\ \underline{Only} \\ (2-3=4) \end{array}$	Total Incurred Indemnity incl. Medical	Total Paid Indemnity incl. Medical	Total Unpaid Indemnity $(5-6=7)$	
	\$	\$	\$	\$	\$	\$	<u>\$</u>
Note: Report	Open Claim	Totals for All l	Previous Perio	ds of Self Inst	urance in Idah	10.	
Total Unpaid	Liability fror	n Column 8:					<u>\$0.00</u>
Excess Insu	rance Carrier	Reimbursem	ent Expected	<u>l:</u>			<u>\$0.00</u>
Net Remaini	Net Remaining Unpaid Liability: \$0.00						<u>\$0.00</u>
Note: Credit	Note: Credit for Excess Insurance is contingent upon meeting criteria acceptable to the Idaho Industrial Commission.						
Excess Carr	ier Reimburs	ement Detail:					

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(1) Date Of Injury	(2) Claimant Name	(3) Total Medical & Indemnity Incurred	(4) Total Medical & Indemnity Paid	(5) Excess Carrier Name	(6) Specific Retention Limit	(7) Excess Reimbursement Expected	(8) Excess Reimbursement Obtained		
	Subtotal:								
Self-Insurer'	Self-Insurer's Authorization and Validation								
<u>I,</u>	I. certify that the above information is valid and truthful to the best of my knowledge.								
Corporate Of	Corporate Officer's Signature Printed Name and Title								
Date:	Date:								
Report Prep	arer's Validat	ion:							
<u>I,</u>	attest	that the above	information i	s valid and tru	thful to the be	est of my knowledg	ge.		
Name & Company: Telephone:									
Address:				•					
Send Original to: Fiscal Section, Industrial Commission, P.O. Box 83720, Boise, Idaho 83720-0041							Form IC-211		

APPENDIX B

IC327 REPORT OF INDEMNITY PAYMENTS EXHIBIT A to SEMI-ANNUAL PREMIUM TAX REPORT

Reporti.	ng Entity Name:							
Reporti	ng Period:	January 1 - June 30	(Year)					
		July 1 - December 31	(Year)					
Date of	Preparation:							
1.	Total Claims:							
2.	Total Number of Indemnity Claims:							
3.	Payments Made During the Reporting Period on Indemnity Claims:							
a.	Total Amount of All Payments (including Medical):							
b.	Total Amount of All In	demnity Payments:						
	Certification							
State of	,)						
) SS.						
								

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County of)
I,, being first duly sworn on oath, state that I have read the foregoing report which sets forth certain information relating to indemnity payments made during the reporting period, that I know the contents, and that I certify the report is true and correct to the best of my knowledge.
Signature of Preparer
Title of Preparer
SUBSCRIBED AND SWORN to before me on this day of
Notary Public for
Residing at
My term expires:

APPENDIX B

_	700 S. (al mail address: Clearwater Lane se, Idaho 83712			
_	Boi				
_		se, Idaho 83712			
_	Payments Only				
	-				
<u>j indemnity Payments Repo</u>	<u>ort</u>				
Company Name and Address FEIN:					
	Reporting period	<u>1:</u>			
(A) Total number of medical-only claims on which payments were made during the reporting period:					
(B) Total amount paid on medical-only claims during the reporting period:					
INDEMNITY CLAIMS					
ments (including any medical	l payments) were	made during the			
ing medical payments) durin	g the reporting	\$			
		Φ			
Total amount of all indemnity claims payments (including medical payments on indemnity claims					
		<u>\$</u>			
<u>Certification</u>					
	payments were made during to gethe reporting period: ments (including any medical ling medical payments) during uding medical payments on i	Reporting period ayments were made during the reporting period g the reporting period: ments (including any medical payments) were ling medical payments) during the reporting uding medical payments on indemnity claims			

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State of		County of
I, , being duly sworn on oath, state that I have read the foregoing report which sets forth certain information relating to medical and indemnity payments made during the reporting period, that I know the contents, and that I certify the report is true and correct to the best of my knowledge.		
Signature of Preparer:		Print Name:
Telephone:		
Email Address:		Fax:
SUBSCRIBED AND SWORN to before me on this		day of
The ISIF assessment billing should be sent to:		
Name:		Notary Public for
	Please Print	
<u>Title:</u>		
Address:		
		My commission expires:
City, State, Zip		
Phone:		
NOTE: Failure to file this form is a misdemeanor under Section 72-327 Idaho Code. This form is to be submitted annually with the Idaho Semi-Annual Workers; Compensation Premium Tax Report. IC2-327 (rev. 6/25/2009)		