



CONNECTICUT SECOND INJURY FUND 2020 PAID LOSS AND SURCHARGE BASE REPORT

Pursuant to C.G.S. 31-354, this form and Paid Loss Template must be filed on or before **April 1, 2021**.

Office of the Treasurer
Second Injury Fund
Attn: SIF Accounting
165 Capitol Avenue, 2nd Floor
Hartford, CT 06106

Check One:
 Self-Insured Employer
 Insurance Company

Name _____
NAIC # & Group # (Insurance Companies Only) _____
Address _____

Contact _____
Phone _____
Fax _____
E-mail Address _____
FEIN # _____
Self-Insured Only (Renewal Date/Discontinue Date) _____

Please complete this Paid Loss & Surcharge Base Report using your paid loss listing. The Paid Loss & Surcharge Base Report and the Paid Loss Detail Template (download from: <https://portal.ct.gov/OTT>) must be sent by the deadline above. The Paid Loss Detail Template must be submitted in excel format electronically, along with the Paid Loss & Surcharge Base Report to the following email address: sifpaidloss@ct.gov

2020 Paid Loss Report Information	
Step 1: 2020 Paid Losses (Total Indemnity plus Total Medical Only)	+ \$ _____
Step 2: PLUS: Add all credits mentioned below: ONLY IF NOT included in Step 1 figure	+ \$ _____ + \$ _____ + \$ _____ + \$ _____
a. Third Party Credits (Other than Tort Feasors) b. Excess Carrier Payments c. Deductibles on Workers' Compensation policies	- \$ _____ - \$ _____ - \$ _____ - \$ _____
Step 3: LESS: 2020 Second Injury Fund Reimbursements ONLY IF NOT included in Step 1 figure	- \$ _____
Step 4: LESS: Any amount included in Step 1 figure not covered by Conn Workers' Comp. Act:	- \$ _____ - \$ _____ - \$ _____ - \$ _____
A. U.S. Longshoremen's Act B. Coverage B (Employer's Liability) C. Other (Explain) D. (Municipalities only - exc. heart and hypertension cases) ONLY IF incl. in Step 1 figure	- \$ _____ - \$ _____ - \$ _____ - \$ _____
*** 2020 SIF Paid Loss Total - (Basis for Workers' Compensation Assessment & SIF Self Insured Assessment)	\$ _____

*** SIF Paid Loss Total must match the Total Paid Loss column on the detail Template and must be submitted together

2020 Surcharge Base Report Information (Insurance Companies only)					
Polices Issued	Fiscal Quarters				
Effective Dates	7/1-9/30	10/1-12/31	1/1-3/31	4/1-6/30	Totals
1/1/20 - 12/31/20 (Actual) - SIF Surcharge Base **					
1/1/21 - 06/30/21 (Projected) - SIF Surcharge Base **					
7/1/21 - 12/31/21 (Projected) - SIF Surcharge Base **					
1/1/22 - 12/31/22 (Projected) - SIF Surcharge Base **					
1/1/23 - 12/31/23 (Projected) - SIF Surcharge Base **					

** "SIF Surcharge Base" means direct written premium on policies prior to application of any deductible policy premium credits.