

QUARTERLY REMITTANCE ADVICE  
RETURN WITH PAYMENT AND SIF QUARTERLY REMITTANCE DETAIL

Insurance Company Name: \_\_\_\_\_

NAIC# (Group & Individual): \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Remit Advice and Payment to:  
Treasurer, State of Connecticut  
Second Injury Fund  
Lock Box 416504  
Boston, MA 02241-6504

Mailing Address:  
Treasurer, State of Connecticut  
Second Injury Fund  
165 Capitol Avenue, 2nd Floor  
Hartford, CT 06106

Please complete the Remittance Advice below using your policy listing. The Quarterly Remittance Advice, the Quarterly Remittance Detail Template (download from <http://portal.ct.gov/OTT>) and payment must be postmarked by the date stated below. The Quarterly Remittance Detail Template must be submitted electronically, in excel format, along with the Remittance Advice to the following address: [sifassessment@ct.gov](mailto:sifassessment@ct.gov)

**PAYMENTS POSTMARKED LATER THAN FEBRUARY 14, 2023 WILL INCUR A PENALTY OF 15% OF PAYMENT OR \$50.00, WHICHEVER IS GREATER**

Policy Effective Dates	SIF Surcharge Base	Surcharge Rate	Quarterly ** Payment
Effective July 1, 2006, "SIF Surcharge Base" means direct written premium on policies adding back any deductible.			
07/1/06 - 06/30/07		4.00%	
07/1/06 - 06/30/07 AR*		3.20%	
07/1/07 - 06/30/08		3.50%	
07/1/07 - 06/30/08 AR*		2.80%	
07/1/08 - 06/30/09		3.00%	
07/1/08 - 06/30/09 AR*		2.40%	
07/01/09 - 12/31/15		2.75%	
07/01/09 - 12/31/15 AR*		2.20%	
01/01/16 - 12/31/16		2.75%	
01/01/16 - 12/31/16 AR*		2.16%	
01/01/17 - 06/30/18		2.75%	
01/01/17 - 06/30/18 AR*		2.12%	
07/01/18 - 12/31/2021		2.25%	
07/01/18 - 12/31/2021 AR*		1.73%	
01/01/2022 - 09/30/2022		2.25%	
01/01/2022 - 09/30/2022 AR*		1.56%	
Current Quarter 10/01/2022 - 12/31/2022		2.25%	
10/01/2022 - 12/31/2022 AR*		1.56%	
Total (07/01/06 - 12/31/2022)			A
*** Grand Total of Remittance (A + B)			
* AR indicates Assigned Risk Pool		**Amount not subject to rounding	

\*\*\* Grand total of Remittance and Remittance Detail must match. Payment may differ if using credit balances.

I certify that the Premiums reported above for the quarter indicated are accurate and are in compliance with CT State Statute 31-349g.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

**PAYMENTS POSTMARKED LATER THAN FEBRUARY 14, 2023 WILL INCUR A PENALTY OF 15% OF PAYMENT OR \$50.00, WHICHEVER IS GREATER**

Policy Effective Dates	Standard Premium	Surcharge Rate	Quarterly ** Payment
1/1/96 - 6/30/96		15.00%	
1/1/96 - 6/30/96 AR*		13.60%	
7/1/96 - 3/31/98		13.50%	
7/1/96 - 3/31/98 AR*		12.00%	
4/1/98 - 6/30/98		12.50%	
4/1/98 - 6/30/98 AR*		11.25%	
7/1/98 - 9/30/98		11.50%	
7/1/98 - 9/30/98 AR*		10.35%	
10/1/98 - 12/31/00		10.00%	
10/1/98 - 12/31/00 AR*		9.00%	
1/1/01 - 9/30/01		10.00%	
1/1/01 - 9/30/01 AR*		10.00%	
10/01/01 - 12/31/01		9.50%	
10/01/01 - 12/31/01 AR*		9.50%	
1/01/02 - 6/30/02		9.50%	
1/01/02 - 6/30/02 AR*		8.30%	
7/1/02 - 12/31/02		8.00%	
7/1/02 - 12/31/02 AR*		7.00%	
1/1/03 - 6/30/03		8.00%	
1/1/03 - 6/30/03 AR*		6.70%	
7/1/03 - 12/31/03		6.50%	
7/1/03 - 12/31/03 AR*		5.40%	
1/1/04 - 6/30/05		6.50%	
1/1/04 - 6/30/05 AR*		5.20%	
7/1/05 - 6/30/06		4.00%	
7/1/05 - 6/30/06 AR*		3.20%	
<b>Total from Page 2</b>			

Surcharge  
Calculated  
on Standard  
Premium

01/96 - 6/06

B

\*AR indicates Assigned Risk Pool

\*\*Amount not subject to rounding