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**

PAYMENTS POSTMARKED LATER THAN MAY 15, 2022 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%**		
Current Quarter	**01/01/2022 - 03/31/2022**		**2.25%**		
	01/01/2022 - 03/31/2022 AR*		**1.56%**		
	Total (07/01/06 - 12/31/2021)				**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 MAY 15, 2022 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%		**Surcharge**
4/1/98 - 6/30/98		12.50%		**Calculated**
4/1/98 - 6/30/98 AR*		11.25%		**on Standard**
7/1/98 - 9/30/98		11.50%		**Premium**
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%		
01/96 - 6/06	**Total from Page 2**			**B**
*AR indicates Assigned Risk Pool			**Amount not subject to rounding	