

**QUARTERLY REMITTANCE ADVICE
RETURN WITH PAYMENT AND SIF QUARTERLY REMITTANCE DETAIL**

Insurance Company Name: _____
 NAIC# (Group & Individual): _____
 Contact Person: _____
 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

Remittance Advice can be emailed to:
julie.bernard@ct.gov

Please complete the remittance advice below using your policy listing. The Quarterly Remittance Advice, the Quarterly Remittance Detail Template (download from <http://www.otf.ct.gov>) and payment must be sent by deadline stated below. The Quarterly Remittance Detail Template must be submitted electronically, in excel format, to the following address: second.injury@ct.gov

PAYMENTS POSTMARKED LATER THAN NOVEMBER 14, 2020 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 - 06/30/2020		2.25%	
07/01/18 - 06/30/2020 AR*		1.73%	
Current Quarter 07/01/2020 - 09/30/2020		2.25%	
07/01/2020 - 09/30/2020 AR*		1.73%	
Total (07/01/06 - 09/30/2020)			A
*** Grand Total of Remittance (A + B)			
*AR indicates Assigned Risk Pool		**Amount not subject to rounding	

***** Grand total of Remittance must match SIF Surcharge Template. 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
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Insurance Company Name: _____

PAYMENTS POSTMARKED LATER THAN NOVEMBER 14, 2020 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%	
Total from Page 2			

Surcharge
Calculated
on Standard
Premium

B

01/96 - 6/06

*AR indicates Assigned Risk Pool

**Amount not subject to rounding