

QUARTERLY REMITTANCE ADVICE
RETURN WITH PAYMENT AND SIF QUARTERLY REMITTANCE DETAIL

Insurance Company Name: _____

Remit Advice and Payment to:

NAIC# (Group & Individual): _____

Treasurer, State of Connecticut
Second Injury Fund
Lock Box 416504
Boston, MA 02241-6504

Contact Person and Title: _____

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

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

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 AUGUST 14, 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%	
01/01/2022 - 03/31/2022		2.25%	
01/01/2022 - 03/31/2022 AR*		1.56%	
04/01/2022 - 07/31/2022		2.25%	
04/01/2022 - 07/31/2022 AR*		1.56%	
Total (07/01/06 - 7/31/2021)			
*** Grand Total of Remittance (A + B)			A

* 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 AUGUST 14, 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%		
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%		
01/96 - 6/06	Total from Page 2			B

*AR indicates Assigned Risk Pool

**Amount not subject to rounding