

**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](mailto:second.injury@ct.gov)

<b>PAYMENTS POSTMARKED LATER THAN NOVEMBER 14, 2019 WILL INCUR A PENALTY OF 15% OF PAYMENT OR \$50.00, WHICHEVER IS GREATER</b>			
Policy Effective Dates	SIF Surcharge Base	Surcharge Rate	Quarterly ** Payment
<b>Effective July 1, 2006, "SIF Surcharge Base" means direct written premium on policies adding back any deductible.</b>			
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 - 06/30/19		2.25%	
07/01/18 - 06/30/19 AR*		1.73%	
<b>Current Quarter</b> 07/01/19 - 09/30/19		2.25%	
07/01/19 - 09/30/19 AR*		1.73%	
<b>Total (07/01/06 - 09/30/19)</b>			<b>A</b>
<b>*** Grand Total of Remittance (A + B)</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
-----------	-------	------

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

**PAYMENTS POSTMARKED LATER THAN NOVEMBER 14, 2019 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