



CONNECTICUT SECOND INJURY FUND 2020 PAID LOSS AND SURCHARGE BASE REPORT

Pursuant to C.G.S. 31-354, this form and Paid Loss Template must be filed on or before **April 1, 2021**.

Office of the Treasurer
Second Injury Fund
Attn: SIF Accounting
165 Capitol Avenue, 2nd Floor
Hartford, CT 06106

Check One:
☐ Self-Insured Employer
☐ Insurance Company

Name	_____
NAIC # & Group # (Insurance Companies Only)	_____
Address	_____

Contact	_____
Phone	_____
Fax	_____
E-mail Address	_____
FEIN #	_____
Self-Insured Only (Renewal Date/Discontinue Date)	_____

Please complete this Paid Loss & Surcharge Base Report using your paid loss listing. The Paid Loss & Surcharge Base Report and the Paid Loss Detail Template (download from: <https://portal.ct.gov/OTT>) must be sent by the deadline above. The Paid Loss Detail Template must be submitted in excel format electronically, along with the Paid Loss & Surcharge Base Report to the following email address: **sifpaidloss@ct.gov**

2020 Paid Loss Report Information	
Step 1: 2020 Paid Losses (Total Indemnity plus Total Medical Only)	+ \$ _____
Step 2: PLUS: Add all credits mentioned below: ONLY IF NOT included in Step 1 figure	_____
a. Third Party Credits (Other than Tort Feasors)	+ \$ _____
b. Excess Carrier Payments	+ \$ _____
c. Deductibles on Workers' Compensation policies	+ \$ _____
Step 3: LESS: 2020 Second Injury Fund Reimbursements ONLY IF NOT included in Step 1 figure	- \$ _____
Step 4: LESS: Any amount included in Step 1 figure not covered by Conn Workers' Comp. Act:	_____
A. U.S. Longshoremen's Act	- \$ _____
B. Coverage B (Employer's Liability)	- \$ _____
C. Other (Explain)	- \$ _____
D. (Municipalities only - exc. heart and hypertension cases) ONLY IF incl. in Step 1 figure	- \$ _____
*** 2020 SIF Paid Loss Total - (Basis for Workers' Compensation Assessment & SIF Self Insured Assessment)	\$ _____

***** SIF Paid Loss Total must match the Total Paid Loss column on the detail Template and must be submitted together**

2020 Surcharge Base Report Information (Insurance Companies only)					
Polices Issued Effective Dates	7/1-9/30	10/1-12/31	1/1-3/31	4/1-6/30	Totals
1/1/20 - 12/31/20 (Actual) - SIF Surcharge Base **					
1/1/21 - 06/30/21(Projected) - SIF Surcharge Base **					
7/1/21 - 12/31/21(Projected) - SIF Surcharge Base **					
1/1/22 - 12/31/22(Projected) - SIF Surcharge Base **					
1/1/23 - 12/31/23(Projected) - SIF Surcharge Base **					

**** "SIF Surcharge Base" means direct written premium on policies prior to application of any deductible policy premium credits.**