



## CONNECTICUT SECOND INJURY FUND 2018 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, 2019.**

Office of the Treasurer  
Second Injury Fund  
Attn: Julie A. Bernard  
55 Elm Street, 5th Floor  
Hartford, CT 06106

**Check One:**

**Self-Insured Employer  
Insurance Company**

**Name**

**NAIC # & Group # (Insurance Co. Only)**

**Address**

**Contact**

**Phone**

**Fax**

**E-mail Address**

**FEIN #**

**Self-Insured Only (Renewal Date/Discontinue Date): @**

### 2018 Paid Loss Report Information

Step 1: 2018 Net Paid Losses

(Please attach copies of Statutory page 14 - Insurance Companies only)

Step 2: **PLUS:** Credits deducted in Step 1:-

a. Third Party Credits (Other than Tort Feasors)

b. Excess Carrier Payments

c. Deductibles on Workers' Compensation policies

Step 3: **LESS:** 2018 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

**2018 SIF Paid Losses\*- (Basis for Workers' Compensation Assessment & SIF Self Insured Assessment)**

+	\$
+	\$
+	\$
+	\$
-	\$
-	\$
-	\$
-	\$
=	\$

Please complete this Surcharge Base Report using your paid loss listing. The Surcharge Base Report and the Paid Loss Template (download from <http://www.ott.ct.gov>) must be sent by the deadline above. The Paid Loss Template must be submitted electronically, in excel format, to the following address: [second.injury@ct.gov](mailto:second.injury@ct.gov)

### 2018 Surcharge Base Report Information (Insurance Companies only)

Polices Issued Effective Dates	Fiscal Quarters				Totals
	7/1-9/30	10/1-12/31	1/1-3/31	4/1-6/30	
1/1/18 - 12/31/18 (Actual) - SIF Surcharge Base **					
1/1/19 - 06/30/19(Projected) - SIF Surcharge Base **					
7/1/19 - 12/31/19(Projected) - SIF Surcharge Base **					
1/1/20 - 12/31/20(Projected) - SIF Surcharge Base **					
1/1/21 - 12/31/21(Projected) - SIF Surcharge Base **					

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