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STATE OF OKLAHOMA

**WORKERS' COMPENSATION COMMISSION**

1915 N STILES, SUITE 231

OKLAHOMA CITY, OKLAHOMA 73105

(405) 522-3222

[www.wcc.ok.gov](http://www.wcc.ok.gov)

**MEMORANDUM**

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TO: Qualified Employers  
FROM: Andrea Bair, Deputy Insurance Services  
DATE: June 26, 2015  
SUBJECT: Notice of Quarterly Assessment for the Oklahoma Option **Self-Insured**  
Guaranty Fund Under the Oklahoma Employee Injury Benefit Act (The  
Option)

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Until the Option's Self-insured Guaranty Fund contains One Million Dollars (\$1,000,000) or if the amount falls below Seven Hundred Fifty Thousand Dollars (\$750,000), Oklahoma Statute Title 85A Section 205(D)(2) requires each self-insurer be assessed a fee at the rate of one percent (1%) of the total compensation for permanent partial disability awards paid out during each quarter of the calendar year by the employers. The Commission will determine the balance of the Self-insured Guaranty Fund at the conclusion of each quarter until the balance in the Self-insured Guaranty Fund contains \$1,000,000. **Assessment payments for the first and second quarter of 2015 are due by July 15, 2015.**

This fund provides for the continuation of payment of benefits for covered claims due and unpaid or interrupted due to the inability of a self-insurer to meet its compensation obligations because its financial resources, security deposit, guaranty agreements, surety agreements and excess insurance are either inadequate or not immediately accessible for the payment of benefits.

The current balance of this fund is \$49,636, falling short of the threshold amount. Therefore, a payment is due for the first and second quarter of 2015 based upon permanent partial disability awards paid out during the first and second quarter of 2015.

Please complete and return the attached Self-insured Quarterly Assessment Report with payment to the Commission by **July 15, 2015.**

# OKLAHOMA OPTION/QUALIFIED EMPLOYER WORKERS' COMPENSATION SELF-INSURED QUARTERLY ASSESSMENT REPORT

Use for Assessment Period 1/1/15 thru 12/31/15

For quarter ending (check appropriate boxes)

☐ 3/31/15 due 7/15/15   ☐ 6/30/15 due 7/15/15   ☐ 9/30/15 due 10/15/15   ☐ 12/31/15 due 1/15/16

**NO LATER THAN THE DUE DATE NOTED ABOVE, REPORT AND PAY ONE PERCENT (1%) OF TOTAL COMPENSATION FOR PERMANENT PARTIAL DISABILITY (PPD) AWARDS PAID OUT DURING EACH QUARTER OF THE CALENDAR YEAR BY THE EMPLOYER.**

Name of Employer: \_\_\_\_\_

Quarter 1 PPD	1% Assessment	Quarter 2 PPD	1% Assessment	Quarter 3 PPD	1% Assessment	Quarter 4 PPD	1% Assessment

Total compensation for Permanent Partial Disability of **Qualified Employer** on risks located in Oklahoma for CALENDAR YEAR 2015 (to be completed after fourth quarter):

\$ \_\_\_\_\_.

The undersigned hereby certifies, UNDER PENALTY OF PERJURY, that he/she executed this report of his/her free and voluntary will and as the duly authorized representative of the carrier named above, that the information and amounts herein contained reflect a true, accurate and complete statement.

Administrative Workers' Compensation Act, 85A O.S., §6(A)(1)(a): "Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: (1) obtaining any benefit or payment ... shall be guilty of a felony."

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.

Signed \_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
E-Mail Address

By \_\_\_\_\_  
Name (PLEASE PRINT)

\_\_\_\_\_  
Title (PLEASE PRINT)

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_  
(Area Code and Number)

**Mail this Notice and remittance to:**

**Oklahoma Workers' Compensation Commission  
Insurance Services Division  
1915 N. Stiles Avenue, Suite 231  
Oklahoma City, OK 73105**

**MAKE CHECKS PAYABLE TO  
OKLAHOMA WORKERS' COMPENSATION COMMISSION**