Troy Wilson
Commissioner

Robert Gilliland
Commissioner

Denise Engle
Commissioner

Rick Farmer
Executive Director

STATE OF OKLAHOMA

WORKERS' COMPENSATION COMMISSION
1915 N. STILES, SUITE 321
OKLAHOMA CITY, OKLAHOMA 73105-4918
(405) 522-3222
www.wcc.ok.gov

TO: Carriers Issuing Coverage for Qualified Employers

FROM: Rick Farmer, Executive Director

DATE: February 27, 2015

SUBJECT: Notice of Assessment Required to be Paid on or Before April 1, 2015

Title 85A O.S. § 206(A) of the Oklahoma Employee Injury Benefit Act (Act) requires carriers to pay annually to the Workers' Compensation Commission a fee, at the rate three percent (3%) as determined by the Commission of on all written premiums resulting from the writing of insurance under this act on risks within the state.

Title 85A O.S. § 208 provides that in making its determination the Commission shall determine the surplus in the Oklahoma Option Insured Guaranty Fund (Fund) by December 31st of each year. At the Commission's December regular meeting, it made the determination that there was no surplus in the Fund. The Fund has a $0.00 balance. Pursuant to statute, the Commission determined the rate of assessment for the Fund of three percent (3%) of premiums. The purpose of the assessment is to raise the balance of the Fund.

You are being notified pursuant to Oklahoma Statute Title 85A of an assessment required to be paid on or before April 1, 2015. See the attached Workers' Compensation Assessment Notice. Instructions are included on the form. In summary:

1. **Complete Part A as a Carrier** issuing coverage for Qualified Employers; and
2. Acceptable payments are via check made payable to the Oklahoma Workers' Compensation Commission at the address above.

Questions about the assessment should be made by calling (405) 522-3222.

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WORKERS' COMPENSATION
ASSESSMENT NOTICE

NO LATER THAN APRIL 1, 2015 REPORT AND PAY A 3% ASSESSMENT of either A or B below:

A. Name of Carrier:_____

Gross Direct Written Premium of Carrier Writing Workers' Compensation Insurance on Risks Located in Oklahoma for CALENDAR YEAR 2014:

$_____.

OR

B. Name of Qualified Employer: _____
Gross Direct Written Premium of Qualified Employer Workers' Compensation Insurance on Risks Located in Oklahoma for CALENDAR YEAR 2014:

$_____.

The above information is used to determine the Oklahoma Option Insured Guaranty Fund assessment rate under 85A O.S., §208 to be collected by the Oklahoma Workers' Compensation Commission at the same time and in the same manner as insurance premium taxes under Title 36 of the Oklahoma Statutes for deposit into the Oklahoma Option Guaranty Fund.

Notice of the rate has been will be provided to each carrier and Qualified Employer. It is posted on the Commission's web site at wcc.ok.gov.

The current rate is 3%. **Submit payment in the amount of 3% of the amount entered** in A or B above.

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 _____
(Area Code and Number)

Date _____

Mail this Notice and remittance to:

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

MAKE CHECKS PAYABLE TO
OKLAHOMA WORKERS' COMPENSATION COMMISSION