

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: 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. § 207(A) of the Oklahoma Employee Injury Benefit Act (Act) requires self-insured employers to pay annually to the Workers' Compensation Commission a fee, at a rate not to exceed three percent (3%) of the written premium which would have to be paid by a carrier if the self-insured employer were insured by a carrier.

The Oklahoma Option Self-Insured Guaranty Fund (Fund) has a \$0.00 balance. Assessment payments are to be made directly to the Commission on or before April 1st to be deposited in the Fund, per 85A O.S. § 208(B)(2). The Commission determined the annual assessment rate to be three percent (3%).

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 B 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 can be directed to the Commission 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**