



April 16, 2018

Circular 2018-03

To: ICRB Members

**INSafe Assessment
Indiana Department of Labor**

The [Indiana Department of Labor](#) (“DOL”) issued its letter on April 12, 2018 for the [INSafe](#) “Notification of INSafe Assessment” (please see attached letter and form). This ICRB circular is issued to help communicate the assessment. Recent previous assessments were levied in 2003, 2009, and 2014.

The DOL letter indicates that the special fund for safety and health consultation is less than \$600,000, thus triggering the statutory tax levy. The tax applies to both workers compensation carriers and self-insured employers. The tax equals 0.75% of benefits paid, excluding medical payments, in the preceding calendar year. Or worded another way, the assessment is based on indemnity losses for 2017 year.

The ICRB would not yet have indemnity loss data reported to us. Accordingly, the Indiana DOL requests each carrier to self-report and certify its assessment. Per statute, the tax is considered an “element of loss” and therefore the expense will be contemplated in the ICRB annual advisory rate filing.

The DOL’s notice requests that carriers pay the assessment by May 1, 2018 to:

Indiana Department of Labor
ATTN: 2018 INSafe Assessment
402 West Washington Street, Room W195
Indianapolis, Indiana 46204

Sincerely,

Ronald W. Cooper, CWCP
President

Attachments:

- ✓ [Indiana Department of Labor](#) letter issued April 12, 2018
- ✓ “Calculation and Certification of INSafe Assessment” form
- ✓ Indiana Code § [22-8-1.1-45](#) through 48



INDIANA

DEPARTMENT OF LABOR

ERIC J. HOLCOMB, GOVERNOR
Rick J. Ruble, Commissioner
402 West Washington Street, Room W195
Indianapolis, Indiana 46204-2751
Phone: (317) 232-2655
Fax: (317) 233-3790

NOTIFICATION OF INSAFE ASSESSMENT

April 12, 2018

CONTACT NAME
COMPANY NAME
ADDRESS
CITY, STATE ZIP

Dear CONTACT NAME:

The Indiana Department of Labor's free workplace safety and health training and consultation service, INSafe, is funded by a dedicated fund and federal cooperative agreement dollars. In accordance with the Indiana Occupational Safety and Health Act of 1971 (Indiana Code 22-8-1.1, sections 45-48), each insurance carrier and self-insured employer providing worker's compensation coverage is required to pay an assessment to INSafe each year the balance of the dedicated fund falls below \$600,000 by April 1.

In accordance with Indiana Code 22-8-1.1-47, your organization is being assessed for worker's compensation benefits paid during calendar year 2017 at a rate of three-fourths of one percent (0.75%). Payments must be remitted on or before May 1, 2018. The enclosed Calculation and Certification of INSafe Assessment form serves as a binding affidavit that the information your company provides is true and accurate. Your organization is responsible for calculating the assessment amount. A completed Calculation and Certification of Assessment form must be submitted even if no payment is due.

Payments must be remitted by **May 1, 2018**. You may use the enclosed addressed envelope to remit your payment. Checks should be made payable to:

Indiana Department of Labor
ATTN: 2018 INSafe Assessment
402 West Washington Street, Room W195
Indianapolis, Indiana 46204

To ensure your payment is appropriately recorded, please reference Assessment ID# XXXXXXXX in the memo line of the check/payment.

For questions about the INSafe Assessment, please refer to answers to frequently asked questions (FAQs) online at <http://www.in.gov/dol/3084.htm>. You may also email insafe@dol.in.gov or call (317) 232-2688. For more information about INSafe, visit www.in.gov/dol/insafe.

Sincerely,

Michelle L. Ellison
Assistant Commissioner



Calculation and Certification of INSafe Assessment

This form must be completed and submitted using the included envelope or mailed to the following address:

Indiana Department of Labor
 ATTN: 2018 INSafe Assessment
 402 West Washington Street, Room W195
 Indianapolis, Indiana 46204

Calculating Your Assessment Total

The assessment shall **constitute an element of loss** for the purpose of establishing worker's compensation insurance rates (Indiana Code 22-8-1.1, sections 45-48 of the Indiana Occupational Safety and Health Act of 1971).

Your company's remittance is due and payable on or before May 1, 2018. Please note the three-fourths of one percent (0.75%) assessed is not the same as and is separate from the annual **Second Injury Fund Tax** required by the Worker's Compensation Board of Indiana.

If you are an insurance carrier, you may remit one (1) check that covers several different employers/clients. However, you must complete a separate Calculation and Certification of Assessment form **for each company** you represent.

Affidavit/Calculation and Certification of Assessment

I, _____, hereby CERTIFY that I am the

Print Name

_____ representing

_____ and that I have knowledge of the worker's

compensation records of this company. I further **certify** that the amount of compensation, excluding medical payments, paid under the Indiana Worker's Compensation Act to injured employees, or their beneficiaries, during the calendar year 2017 was \$_____.

I further CERTIFY that the enclosed sum of \$_____ represents the statutory assessment of .0075 of these payments which is due and payable to the Indiana Department of Labor for the INSafe special fund to provide safety and health consultations, training, and educational services to Indiana employers.

Signed: _____ Date: _____

Email Address: _____