ANNUAL REPORT OF WORKERS' COMPENSATION COSTS

FOR CALENDAR YEAR _____

1. EMPLOYER INFORMATION Account #_____ Name: _____ Address: _____ City, St., Zip: _____ Contact Person: _____ Phone #: _____	2. INSURANCE COMPANY INFORMATION Account #_____ Name: _____ Address: _____ City, St. Zip: _____ Contact Person: _____ Phone #: _____
Fed EIN: Phone Number: ( )	

3. Coverage Provided: ☐ Self-insured / Excess Insurance ☐ Conventional Workers' Compensation Policy ☐ Combination of Insurance Policies [R.S. 23:1168(A)(2)]

4. COSTS INCURRED DURING THE CALENDAR YEAR (See Instructions)

		Paid by Employer	Paid by Insurance
A. Indemnity Benefits:			
	1. Temporary Total		
	2. Supplemental Earnings		
	3. Permanent Partial		
	4. Permanent Total		
	5. Death Benefits		
	6. Other Compensation		
	TOTAL INDEMNITY BENEFITS		
B. TOTAL COMPROMISE/LUMP SUM SETTLEMENTS:			
C. Medical Expenses:			
	1. Hospital		
	2. Physicians		
	3. Diagnostic Tests/Procedures		
	4. Prescription Drugs		
	5. Transportation		
	6. Independent Medical Exams		
	7. Physical/Occupational Therapy		
	8. Other		
	TOTAL MEDICAL EXPENSES		
D. Rehabilitation Expenses			
	1. Vocational Rehabilitation		
	2. Labor Market Surveys		
	3. Evaluations		
	4. Other		
	TOTAL REHABILITATION EXPENSES		

		Paid by Employer	Paid by Insurance
E. TOTAL FUNERAL EXPENSES			
F. Legal Expenses			
	1. Attorney Fees		
	2. Court Costs		
	3. Deposition Costs		
	4. Investigation Costs		
	5. Penalties and Interest		
	6. Administrative/Other Costs		
	TOTAL LEGAL EXPENSES		
G. Cost Summary			
	1. Total Indemnity Benefits (ITEM A)		
	2. Total Compromise/Lump Sum Settlements (ITEM B)		
	3. Total Medical Expenses (ITEM C)		
	4. Total Rehabilitation Costs (ITEM D)		
	5. Total Funeral Expenses (ITEM E)		
	6. 3rd Party Recoveries for Costs (not included above)		
	7. Total Assessable Costs (1+2+3+4+5-6)		
	8. Total Legal Expenses (ITEM F)		
	9. TOTAL WORKERS' COMPENSATION COSTS		
H. Number of Claims Summary			
	1. Carried over from prior year		
	2. Opened during current year		
	3. Closed during current year		
	4. Open at year end (1 + 2 - 3)		
	5. Total Medical only claims		
I. OPEN RESERVE CLAIMS (at year end)	Number		
	Amount		

NOTE: The amount of compensation benefits paid will be used by the Director to make assessments for the administration of the Workers' Compensation Office under the provisions of Act 29, 1983, R.S. 23:1291.1 All other information submitted will be used for statistical records only with the names of employers and carriers being confidential and privileged. (LA R.S. 23:1293)

FOR OFFICIAL USE ONLY	I certify that the information contained herein is true and correct to the best of my knowledge and belief. _____ Signature Date

RETURN TO:
ATTN: AUDIT & COMPLIANCE
OFFICE OF WORKERS' COMPENSATION
P.O BOX 94040
BATON ROUGE, LA 70804-9040
(225) 342-5668 (PHONE) (225) 342-7538 (FAX)