

PLEASE SUBMIT THIS FORM BY FEBRUARY 26, 2016

State of Michigan
Funds Administration
P.O. Box 30182
Lansing, Michigan 48909

Attention: Allison E. Kelly, Program Analyst

Our total amount of Michigan workers' compensation benefits, including redemption agreements, but excluding medical benefits, rehabilitation payments, and funeral costs paid during calendar year 2015 is:

\$ _____

This figure does not include monies reimbursed by the Second Injury Fund; the Silicosis, Dust Disease and Logging Industry Compensation Fund; or the Compensation Supplement Fund.

Insurance Carriers

If you write a deductible policy in Michigan you are responsible for reporting the payments that are the obligation of your policy holders, as well as your payments.

Self-Insurers (Individual and Group)

If you are no longer a self-insured employer in Michigan, but paid on claims incurred during your prior self-insurance program in calendar year 2015, please report this amount. If you have various periods of self-insurance coverage handled by either you or service organizations, please report the **combined** total payments for calendar year 2015.

➔Please confirm the contact information including an e-mail address➔

Company Name _____ Federal ID # _____

Address _____

Contact Person _____ Title _____

E-Mail Address _____ Telephone Number _____

Service Company (if applicable) _____

Telephone Number _____ Date _____

Certified Correct By _____ Title _____