

**Instructions for Completing the Maine Self Insured Aggregate Benefits
Paid Form
Required by 26 M.R.S.A. § 61(1-A)**

General Instructions:

This report must be filed by each group and individual self-insured employer authorized to make workers' compensation payments directly to their employees. Information is to be reported for workers' compensation payments in Maine for the most recent calendar year.

To access your online form:

- Go to the following website: <https://www.pfr.maine.gov/Insurance/Filing.aspx/>.
- Enter your license number and access code, which were included in the e-mail notification that you received from our office.
- Then click on the Submit button. This brings you the Forms Available screen which shows you the forms that you need to complete.
- Under Forms and Descriptions, click on the Self Insured Aggregate Benefits Paid Form. This brings you to the Form Status and Periods Available Screen. You will see three categories: Submitted Forms (Those already completed and submitted to our database), Forms Currently in Process (Forms that you have worked on and saved but have not submitted to our database. These are not complete until you submit them), and Forms Available for Completion (Forms that you have not yet worked on. These are not complete until you enter the information and submit them). A blue hyperlink will appear in only one of these three categories for the current reporting period. Remember, you are not finished until information has been entered and the form has been submitted. Therefore, if there is a blue hyperlink listed under Forms Currently in Process or Forms Available for Completion, then you must click on the link so you can complete the form and submit it. Doing so will bring up the Self Insured Aggregate Benefits Paid Reporting Form. This online form is comprised of various parts described below.

Part A: Company and Contact Information

This section contains the calendar year that the report covers and your company name, license number and mailing address. You must select a contact person by clicking on the drop down arrow beside Select a Contact.

- If the name of the person completing this year's report appears in the drop down list, highlight that name and click on the Attach Contact button. Information such as Title, Address, Phone, Fax and E-Mail appears. If the contact information for that person is not correct, click on the Add/Update Contacts button. Next Click on the Edit Contact button beside the Contact Person for whom you want to update information. Make any necessary changes and click on the Save Contact button. You will see a green message if the changes were successful. Then click on the Return to Form button to continue working on the Insurance Carrier Aggregate Benefits Paid Reporting Form.

- If the name of the person completing this year's report does not appear in the drop down list, click on the Add/Update Contacts button. Under Contacts, click on the New Contact button. The New Contact screen appears. Enter information about the new contact and then click on the Save Contact button. When you are finished, click on the Return to Form button. You may then select the contact person by clicking on the drop down arrow beside Select a Contact and then click the Attach Contact button. After attaching the contact to the report, you may continue working on the Insurance Carrier Aggregate Benefits Paid Reporting Form.

Part B: Other Companies Included in This Report

Use this section only if you are filing reports on behalf of a group of companies, rather than reporting data for each company separately. Enter the license number of each company included in the group report. Click the Add License Number button if you need to include more license numbers than are currently available. Please do not enter the license number of the company filing the group report. This is already included.

Part C: Self Insured Aggregate Benefits Paid Information

Line 1 – This number is the total amount of paid workers' compensation benefits, including both indemnity and medical payments. This number must equal page 19 (state page for Maine), line 16, column 5, Direct Losses Paid from the insurance carrier's annual statement.

Line 2 – This number is the amount of workers' compensation medical payments.

Line 3 – The number is calculated by taking Line 1 minus Line 2. To view the calculated amount, click on the Calculate button.

Save Button

If you have begun your report but want to finish it at a later time, you may click on the Save button and all work that you have done on the form thus far will be available when you return to complete the form. Remember, you are not finished until you submit the information to our database.

Submit Button

When you click on the Submit button, your information will be submitted to the Bureau of Insurance and will no longer be available for editing. You will receive a confirmation email with a PDF file containing your data report.

Print PDF

When you have finished the report, you may click on the Print PDF button to generate a PDF document of the completed report for your records.

Questions

If you have technical questions related to completing this report or need to have your report reopened to correct information after it has been submitted, please contact Brad Brown at Bradford.L.Brown@maine.gov or (207)-624-8478.