



**MAINE WORKERS' COMPENSATION BOARD**  
**27 STATE HOUSE STATION**  
**AUGUSTA, MAINE 04333-0027**  
**39-A M.R.S.A. SECTION 154 (3)**  
**ADMINISTRATIVE FUND ASSESSMENT**  
 For the Fiscal Year Ended June 30, 2015  
 (Applicable Assessment Rate: 2.69% for July 1, 2014 - June 30, 2015)

Insurance Company or Association: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Submitted: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

Signature of Certifying Official: \_\_\_\_\_

**ANNUAL RECONCILIATION REPORT OF PREMIUMS WRITTEN**

		<b>FY'2015</b> <b>(7-1-2014 / 6-30-2015)</b> <b>2.69%</b>
1.	Gross Employers' Premium Base for FY'2015: (Gross Payroll x manual rate x experience modification factor, less net safety or scheduling rating adjustment, if applicable)	
2.	Less Credits for \$1,000 and \$5,000 indemnity deductible(s) per claim and in other reasonable amounts: (Pursuant to Title 24-A, Sections 2385 & 2385-A)	
3.	Less Credits for \$250 and \$500 medical deductible(s): (Pursuant to Title 24-A, Sections 2385 & 2385-A)	
4.	Total Deductions (Total Lines 2 and 3):	
5.	Net Assessment Base (Line 1 minus Line 4):	
6.	Total Amount Due (Line 5 times applicable percentage rate):	
7.	Total Amount Previously Remitted: (see note on reverse side of form)	
8.	Amount Additionally Owed to the Board, if any, for FY'2015 (if Line 6 is greater than Line 7)	
9.	Amount Due Insurance Carrier, if any, for FY'2015 (if Line 7 is greater than Line 6)	

**For Office Use Only**  
**Audits FY 2015 Assessment Paid**

June Payment  
 1<sup>st</sup> Qtr  
 2<sup>nd</sup> Qtr  
 3<sup>rd</sup> Qtr  
 4<sup>th</sup> Qtr  
 Total

(See reverse side of form for instructions.)

**PLEASE MAKE CHECKS PAYABLE TO TREASURER STATE OF MAINE**

Telephone: 207-287-7084; TTY Maine Relay 711; Fax/207-287-7198; E-Mail/ [Jan.Adams@Maine.gov](mailto:Jan.Adams@Maine.gov)

**MAINE WORKERS' COMPENSATION BOARD  
ADMINISTRATIVE FUND ASSESSMENT  
ANNUAL RECONCILIATION  
FISCAL YEAR 2015**

A reconciliation based on actual premiums written (net of allowed deductibles) shall be made by each insurance company or association subject to the Maine Workers' Compensation Board's Administrative Fund assessment pursuant to 39-A M.R.S.A. §154 on or before September 15 of each year. Any amount additionally owing as a result of this reconciliation shall be remitted to the Maine Workers' Compensation Board together with the reconciliation. If the calculation results in an overpayment a refund shall be issued.

Title 39-A, Section 154 defines employer's premium base as the payroll times the filed manual rate applicable to the employer times the employer's current experience modification factor, if applicable. The calculation may not include any deductible credit, other than credits for the \$1,000 and \$5,000 indemnity deductibles and the \$250 and \$500 medical deductibles established pursuant to Title 24-A, sections 2385 and 2385-A. For policies written using retrospective rating, the premium base must be calculated in accordance with this paragraph regardless of the actual retrospective premium calculation."

**NOTE: This reconciliation is strictly for fiscal year 2015 premiums. It does not include audit payments or credits that are related to prior fiscal years, even if the audit payment or credit was made during fiscal year 2015 (July 1, 2014 – June 30, 2015).**