

## IC-36 INSTRUCTIONS

Every **FATAL, PERMANENT TOTAL AND PERMANENT PARTIAL** claim on which compensation is payable by your company, must be entered on this form and carried forward on subsequent reports until paid out. New cases will be entered as they are determined and carried forward on the next report. (Be sure to disregard all Temporary Total cases.) **This report must be completed by the Insurance Company even if you have NONE and submitted to the IIC by the end of the month following the end of each calendar quarter.**

HEADING: PRINT NAME OF INSURER OR SELF-INSURED EMPLOYER, YEAR AND SELECT CALENDAR ENDING QUARTER.

COLUMN 1: DATE OF INJURY

COLUMN 2: EMPLOYEE'S NAME  
Employee's name as reported on First Report of Injury

COLUMN 3: TYPE OF CLAIM  
Enter in this column the kind of case; i.e., FATAL, PERMANENT TOTAL, OR PERMANENT PARTIAL. (Use Abbreviations)

COLUMN 4: TOTAL AWARD  
Include total compensation, including medical and other expenses as shown on the approved Summary of Payments and/or Reserves established for Permanent Totals. The medical portion of the indemnity claim is to be separated and shown on the line below for each claim.

COLUMN 5: COMPENSATION THIS REPORT PAID  
Enter the amount paid on each claim since the last report was filed. Cannot be a negative amount.

COLUMN 6: TOTAL COMPENSATION PAID  
Enter the total amount paid on the award, including amount shown in column 5. Cannot be a negative amount.

COLUMN 7: ADJUSTMENT  
Make all adjustments for changes of conditions, remarriage, deaths, errors, reimbursements, overpayments, etc. in this column. If adjustments are made, then column 4 minus column 6 plus or minus column 7 must equal column 8. Please net all adjustments.

COLUMN 8: UNPAID BALANCE  
This will show the balance due on each claim at the end of this quarter. Cannot be a negative amount.

**THIS FORM MUST BE COMPLETED AND EXECUTED DIRECTLY BY AN OFFICER OF THE SURETY OR SELF-INSURED EMPLOYER. SEE IIC ADMIN RULE 17.02.10.013.11**

**MAIL TO:** IDAHO INDUSTRIAL COMMISSION  
FISCAL SECTION  
P.O. BOX 83720  
BOISE, ID 83720-0041

**PHYSICAL ADDRESS**  
FISCAL SECTION  
700 S. CLEARWATER LANE  
BOISE, ID 83712

If you have any questions, please contact one of the following Financial Specialists. If your company name begins with A through I, please contact Therese Ryan at (208) 334-6095. If your company name begins with J through Z, please contact Shelly Tudela at (208) 334-6026.