

IC-2/327

**Workers' Compensation Claims Involving Medical Payments Only
and Claims Involving Indemnity Payments Report**

Mail to:
Idaho Industrial Commission
P.O. Box 83720
Boise, Idaho 83720-0041

Physical/Street address:
11321 W. Chinden Blvd, Bldg #2
Boise, Idaho 83714

Company Name and Address	FEIN:
	Reporting period:

MEDICAL ONLY CLAIMS (IC-2)

(A) Total number of **medical-only claims** on which payments were made during the reporting period: _____

(B) Total amount paid on **medical-only claims** during the reporting period: \$ _____

INDEMNITY CLAIMS (IC-327)

(C) Total number of **indemnity claims** on which payments (including any medical payments) were made during the reporting period: _____

(D) Total amount of **indemnity payments** (not including medical payments) during the reporting period: \$ _____

(E) Total amount of all **indemnity claims payments** (including medical payments on indemnity claims only) \$ _____

Certification

State of _____ County of _____

I, _____, being duly sworn on oath, state that I have read the foregoing report which sets forth certain information relating to medical and indemnity payments made during the reporting period, that I know the contents, and that I certify the report is true and correct to the best of my knowledge.

Signature of Preparer _____ Print Name _____ Telephone _____

Email Address _____ Fax _____

SUBSCRIBED AND SWORN to before me on this _____ day of _____, _____

The ISIF assessment billing should be sent to:

Name: _____
Please Print

Title: _____

Address: _____

City, State, Zip

Phone: _____

Notary Public for

My commission expires:

NOTE: Failure to file this form is a misdemeanor under Idaho Code §72-327. This form is to be submitted ANNUALLY.

IC-327 (rev. 6/28/2019)

If you have any questions, please contact one of the following Financial Specialists.

If your company name begins with:

A - L: Contact Alan Pace at (208) 334-6083 or alan.pace@iic.idaho.gov

M - Z: Contact Chandra Tubbs at (208) 334-6026 or chandra.tubbs@iic.idaho.gov