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| **IC-4008LD Instructions**  *For the Workers’ Compensation Deductible Policy Report* |  |

This report must be completed by an **AUTHORIZED INSURANCE COMPANY** and submitted annually to the Idaho Industrial Commission, **EVEN IF YOU HAVE NO POLICIES.**

**THIS REPORT MUST BE E-MAILED TO** [**WC.ANALYSTS@IIC.IDAHO.GOV**](mailto:WC.ANALYSTS@IIC.IDAHO.GOV) **THIS OFFICE NO LATER THAN MARCH 3rd.**

Your company is only **AUTHORIZED** if they have filed for an endorsement with the Idaho Department of Insurance to offer a Workers’ Compensation Deductible Program to its Idaho employers.

The following annual reporting information is required and should include:

1. **ALL** policies with a deductible limit, **issued** within the **calendar year.**
   1. Whether or not they are “booked” or “processed”.
   2. Includes policies with zero premiums.
2. **ALL** policies with **any transactions** (adjustments, audits, refunds, and/or credits) that occurred during the **calendar year.**

**The report requires the acknowledgement of policies written to professional employer organizations (PEO).** Employers that contract risk management services to PEO’s are functionally co/sub-policyholders. In the subsequent tab named “PEO Policy Report”, all carriers must individually document all employers that are covered under the PEO’s policy.

# For the Deductible Policy Report Page:

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| HEADING: | Print the name of the Insurance Company and the calendar year. | |
| COLUMN 1: | COUNT | The number of deductible policies written by the authorized Insurance Company. If more than 25 policies will be listed, add more rows and include the count. |
| COLUMN 2: | POLICYHOLDER NAME | Policyholder/Insured’s name. |
| COLUMN 3: | POLICY NUMBER | Policy number assigned to the policyholder. |
| COLUMN 4: | EMPLOYERS OTHER THAN THE POLICYHOLDER COVERED UNDER THE POLICY? (Y/N) | If “Y,” please fill out IC-4008LD: Idaho Worksite Employer Page (second excel sheet) must be filled out. |
| COLUMN 5: | POLICY EFFECTIVE DATE | The date the policy goes into effect. |
| COLUMN 6: | POLICY END DATE | The date the policy expires or if cancelled before, the cancellation date. |
| COLUMN 7: | DEDUCTIBLE LIMIT | The retention limit applicable to the policy for Idaho exposure. |
| COLUMN 8: | PREMIUM BEFORE DEDUCTIBLE | The Workers’ Compensation **Net Premium Written** Amount attributable to Idaho only employees that **would have been charged** to the policyholder if the deductible credit was not taken. |
| COLUMN 9: | PREMIUM AFTER DEDUCTIBLE | The Workers’ Compensation **Net Premium Written** Amount attributable to Idaho only employees **actually charged** to the policyholder |
| TOTALS: | Provide the totals for Column 8 (Premium Before Deductible) and Column 9 (Premium After Deductible). | |

If you answered “**Y**,” to any policy in **column 4** of above Deductible Policy report, the IC-4008LD: Idaho Worksite Employer Page **must be** completed.

# IC-4008LD: Idaho Worksite Employer Page

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| HEADING: | Print the name of the Insurance Company and the calendar year. | |
| COLUMN 1: | COUNT | The number of deductible policies written by the authorized Insurance Company. If more than 25 policies will be listed, add more rows and include the count. |
| COLUMN 2: | PEO POLICYHOLDER NAME | Policyholder/Insured’s name. |
| COLUMN 3: | POLICY NUMBER | Policy number assigned to the policyholder. |
| COLUMN 4: | WORKSITE EMPLOYERS COVERED UNDER POLICY | Employers that are covered under the policyholder |

**Submit related questions and reports in Excel format to wc.analysts@iic.idaho.gov**

If you have any questions, please contact one of our Financial Specialists:

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| For company names that begin with: | (all) | **wc.analysts@iic.idaho.gov** | | |
| A-L | Alan Pace at | (208) 334-6083 or | alan.pace@iic.idaho.gov |
| M-Z | Vanessa Castro at | (208) 334-6026 or | vanessa.castro@iic.idaho.gov |