

# IDAHO INDUSTRIAL COMMISSION

## 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 (**FROI**)

**COLUMN 3: TYPE OF CLAIM**

Enter in this column the kind of case; i.e., FATAL (**FTL**), PERMANENT TOTAL (**PTD**), OR PERMANENT PARTIAL (**PPI/PPD**). (Use Abbreviations)

**COLUMN 4: TOTAL AWARD**

Include total compensation awarded (aka "initial reserves") for Fatal, Permanent Total and Permanent Partial claims. The award should include both medical and indemnity costs. This amount does not change for the purpose of this report. If any changes occur in subsequent reporting periods, please include the affected amount in the "Adjustments" (**Column 7**).

**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 "Compensation This Report Paid" (**Column 5**). This is a cumulative amount of what has been paid, including the amount for the current reporting period. This amount cannot be a negative.

**COLUMN 7: ADJUSTMENT**

Make all adjustments for changes of conditions, remarriage, deaths, errors, reimbursements, overpayments, etc. in this column. If adjustments are made, then the following formula must be true:

(**Column 4**) minus (**Column 6**) plus (**Column 7**) must equal (**Column 8**).

This is a cumulative amount of all changes affecting the award, reserves, payments, etc. Please net all adjustments.

**COLUMN 8: UNPAID BALANCE**

This will show the balance due on each claim at the end of this quarter.

This amount **cannot** be a negative.

**THIS FORM MUST BE SIGNED DIRECTLY BY A CORPORATE OFFICER OF THE SURETY  
[SEE IIC ADMIN RULE 17.01.01.302.01.K \(2023\)](#)**

<b>(PREFERRED)</b>	<b>SUBMIT BY E-MAIL TO: <a href="mailto:WCA@iic.idaho.gov">WCA@iic.idaho.gov</a></b>	
<b>OR MAIL TO:</b>	<b>Mailing Address</b>	<b>Physical Address (overnight)</b>
	Idaho Industrial Commission Fiscal Section PO Box 83720 Boise, ID 83720-0041	Idaho Industrial Commission Fiscal Section 11321 W. Chinden Blvd, Bldg #2 Boise, ID 83714

If you have any questions, please contact one of the Workers' Compensation Financial Analysts:

For company names beginning with letter: | **A-L** contact Alan Pace at (208) 334-6083 or [alan.pace@iic.idaho.gov](mailto:alan.pace@iic.idaho.gov)  
| **M-Z** contact Vanessa Castro at (208) 334-6026 or [vanessa.castro@iic.idaho.gov](mailto:vanessa.castro@iic.idaho.gov)

Please visit [www.iic.idaho.gov](http://www.iic.idaho.gov) on a regular basis to review for currency of your forms and instructions.