

Instructions for Form IC-211

Self-Insured Employer Report of Total Unpaid Liability

State of Idaho
Industrial Commission

Per [IDAPA 17.01.01 Sec. 302.02.e \(page 13\)](#), the total unpaid liability on all open claims on which compensation is payable under the provisions of the Idaho Workers' Compensation Law, must be reported on this form semi-annually and submitted by the **last day of January** and the **last day of July**.

Form IC-211 must provide the aggregate number of open claims, including indemnity with medical and medical-only claims. In order to accurately report total unpaid liabilities as required, self-insured employers must maintain all claims with known unpaid future medical or indemnity benefits as open claims; with the anticipated unpaid liability amounts accounted for and reported in the "Total Incurred" and "Total Unpaid" lines of the report form.

Please round amounts to the nearest dollar. The report must be filed even if there are **NO OPEN CLAIMS** and must be signed and certified by a corporate officer of the self-insurer.

The Form IC-211 is an interactive report found on the Industrial Commission website (www.iic.idaho.gov/find-a-form/) which may be completed, then printed and submitted by mail or e-mail.

Heading: Enter the name of self-insured employer, FEIN, report year & select semi-annual period.

Line 1. All Claims, Total Number of Open Claims

Enter the number of all open claims as of the "snapshot" report end date.

Line 2. Total Incurred, Medical-Only Claims

Enter the total incurred liability on all medical-only claims. Total incurred medical-only amounts to be reported include all paid and **anticipated** unpaid liabilities including medical, and allocated expenses if incurred, as of the snapshot report end date.

Line 3. Total Paid, Medical-Only Claims

Enter the total dollar amount paid on Medical-Only claims reported in line 2, as of the snapshot report end date.

Line 4. Total Unpaid, Medical-Only Claims

The dollar amount of the unpaid portion of the total incurred liability reported.
(auto-calculated, line 2 minus line 3).

Line 5. Total Incurred, Indemnity Claims,

Enter the total incurred liability on all Indemnity Claims. Total incurred Indemnity amounts to be reported include all paid and **anticipated** unpaid liabilities including both medical and indemnity, and vocational or allocated expenses if incurred, as of the snapshot report end date.

Line 6. Total Paid, Indemnity Claims

Enter the total dollar amount paid on all Indemnity Claims reported in line 5, as of the snapshot report end date.

Line 7. Total Unpaid, Indemnity Claims

The dollar amount of the unpaid portion of the total incurred liability reported.
(auto-calculated, line 5 minus line 6)

Line 8. Total Unpaid Liability All Claims,

The total amount of unpaid liability for all Medical-Only and Indemnity Claims.
(auto-calculated, line 4 plus line 7)

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EXCESS CARRIER REIMBURSEMENT DETAIL:

Complete this section of the Form IC-211 only if reimbursement is expected from an excess insurance carrier. Each claimant that receives benefits from the excess carrier must be listed individually in this section.

- Column 9. Date of Injury**
Enter the date the workers' compensation injury occurred.
- Column 10. Jurisdiction Claim Number**
This is the claim number provided by the Industrial Commission upon adjuster submission of the claim to our benefits department.
- Column 11. Claimant Name**
Enter the full name of the injured worker.
- Column 12. Excess Carrier Name**
Enter the name of the carrier that has written the excess insurance policy.
- Column 13. Total Medical & Indemnity Incurred**
Enter the total dollar amount for **incurred and anticipated unpaid liabilities** relating to each employee's injury, as of the snapshot report end date.
- Column 14. Total Medical & Indemnity Paid**
Enter the total dollar amount that has been paid on behalf of each claim. This amount should include **everything** paid by **both** the self-insured employer and the excess insurance carrier, as of the snapshot report end date.
- Column 15. Specific Retention Limit**
Enter the specific dollar retention limit from the excess insurance policy that covers this claim.
- Column 16. Excess Reimbursement Received**
Enter the dollar amount of reimbursement **that has been received** from the excess insurance carrier on behalf of the injured workers' claim, as of the snapshot report end date.
- Column 17. Excess Reimbursement Expected**
The dollar amount that you **expect** the excess insurance carrier to pay on each claim.
(auto-calculated, column 13 minus column 15 minus column 16)

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Per [IDAPA 17.01.01 Section 302.02.b.iii \(page 12\)](#), the self-insured employer may receive a credit toward the security deposit requirement by using the Net Remaining Unpaid Liability (line 19) rather than the Total Unpaid Liability (line 8) when a copy of the applicable excess insurance policy is also provided.

Line 18. Total Excess Reimbursement Expected

This amount is the total summation of Column 17.

A copy of the **full and complete** excess policy must be on file with the Commission for consideration of credit toward the security deposit requirement.

Line 19. Net Remaining Unpaid Liability

The difference between the Total Unpaid Liability and the Total Excess Reimbursement Expected.

(auto-calculated, line 8 minus line 18)

SELF-INSURED'S AUTHORIZATION AND VALIDATION

The IC-211 form must be signed and certified by a corporate officer. The signature does not require a notary. The preparer should be the contact person able to respond to follow-up questions regarding the information reported.

NOTES ON SECURITY DEPOSIT REQUIREMENTS

Per [IDAPA 17.01.01 Section 302.02.b.i-iii \(page 12\)](#), the total security deposit requirement for self-insurers is the **highest** of the primary deposit or net remaining unpaid liability (line 19) for workers' compensation.

The primary deposit is \$150,000, plus 5% of the first \$10,000,000 of the average annual payroll of the last 3 years. (max \$650,000)

PLEASE SUBMIT REPORTS OR QUESTIONS TO:

E-Mail: wca@iic.idaho.gov (preferred)

Phone: 208.334.6083

Or mail to:

Attn: Fiscal Section
Industrial Commission
P.O. Box 83720
Boise ID, 83720-0041