

IC-2/327 Instructions

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



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

**THIS REPORT MUST BE RECEIVED IN THIS OFFICE
NO LATER THAN MARCH 3RD OF SUBSEQUENT YEAR**

Failure to file this form is a misdemeanor under Idaho Code 72-327. Penalty for late filing shall be \$200, plus \$100 each day over seven days late. (IDAPA 17.01.01.307.04)

The IC-2/327 report may be submitted using our online portal, mail or e-mail.

Access to the online portal is through **e-mail invite only**, through reminders distributed by the Commission after January 1.

1. These e-mails will contain a unique link and key that can be used to complete your report.
2. Reports certified through the portal do not require a signature or notary for completion.
3. A copy of the completed report will be emailed to the preparer upon successful submission through the portal.

Adobe PDF form templates for mail or e-mail submissions may be downloaded from our website: www.iic.idaho.gov/find-a-form/ under "Carrier Forms and Reports" and named "Workers' Compensation Payment on Medical-Only Claims and Indemnity Payments (IC2-327)".

Examples of our current online portal and PDF form:

Online Portal Form	PDF Form Template
<p>IC-2/327 Annual Loss Report</p> <p>Surety *</p> <p>INSURANCE COMPANY</p> <p>Report Period Year Ending *</p> <p>12/31/2024</p> <p><input type="checkbox"/> I have zero payments to report on both medical-only and indemnity claims.</p> <p>MEDICAL CLAIMS ONLY</p> <p># of Medical Only Claims * <input type="text"/></p> <p>Medical-Only Claims, All Payments * <input type="text"/></p> <p>INDEMNITY CLAIMS</p> <p># of Indemnity Claims * <input type="text"/></p> <p>Indemnity Portion of Total Payments * <input type="text"/></p> <p>Indemnity Claims, All Payments * <input type="text"/></p>	<p>IC-2/327</p> <p>Workers' Compensation Claims Involving Medical Payments Only and Claims Involving Indemnity Payment Report</p> <p>Mailing address: Idaho Industrial Commission P.O. Box 83720 Boise, ID 83720-0041</p> <p>Physical/Street address: 11321 W. Chinden Blvd. Stop #2 Boise, ID 83714</p> <p>SUBMIT SIGNED AND NOTARIZED REPORTS TO: WCA@IIC.IDAHO.GOV</p> <p>Company Name and Address <input type="text"/></p> <p>FEIN: <input type="text"/></p> <p>Reporting period: <input type="text"/></p> <p>MEDICAL ONLY CLAIMS (IC-2)</p> <p>(A) Total number of medical-only claims on which payments were made during the reporting period: <input type="text"/></p> <p>(B) Total amount paid on medical-only claims during the reporting period: \$ <input type="text"/></p> <p>INDEMNITY CLAIMS (IC-327)</p> <p>(C) Total number of indemnity claims on which payments (including any medical payments) were made during the reporting period: <input type="text"/></p> <p>(D) Total amount of indemnity portion of payments during the reporting period: \$ <input type="text"/></p> <p>(E) Total amount of all payments on indemnity claims only (including medical portion) \$ <input type="text"/></p> <p>Certification</p> <p>State of <input type="text"/> County of <input type="text"/></p> <p>I, <input type="text"/> 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.</p> <p>Signature of Preparer <input type="text"/> Print Name <input type="text"/> Telephone <input type="text"/></p>

REQUIRED for mail/e-mailed submissions:

- **Signature & Notary**
- **Completing the “ISIF Assessment Billing” box on the bottom-left of page**

E-MAIL the report to WCA@IIC.IDAHO.GOV or MAIL to:

Idaho Industrial Commission
P.O. Box 83720
Boise, ID 83720-0041

Instructions for line items or portal fields required by form IC-2/327 are in the below table:

FORM LINE:	PORTAL FIELD NAME	INSTRUCTION
MEDICAL-ONLY CLAIMS (IC-2)		
Line A:	# of Medical Only Claims	(IC-2) Enter the number of Medical-Only Claims on which payment was made during this reporting period. <u>Do not include medical payments for Indemnity Claims.</u>
Line B:	Medical-Only Claims, All Payments	(IC-2) Enter the total amount paid on Medical-Only Claims during the reporting period. <u>The amount paid should relate to the number of claims reported on Line A.</u>
INDEMNITY CLAIMS (IC-327)		
Line C:	# of Indemnity Claims	(IC-327) Enter the number of <u>Indemnity Claims</u> on which payment was made during this reporting period.
Line D:	Indemnity Portion of Total Payments	(IC-327) Enter the indemnity amount paid on Indemnity Claims during the reporting period. <u>This amount should be only Indemnity Payments on the claims reported on Line C.</u>
Line E:	Indemnity Claims, All Payments	(IC-327) Enter the total amount paid on the indemnity claims reported on Line C. <u>This should include medical payments related to indemnity claims.</u> <u>Do not include payments made on medical-only claims.</u>

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

For company names that begin with: || (all) wca@iic.idaho.gov, shared by below Financial Specialists
A-M Alan Pace at (208) 334-6083 or alan.pace@iic.idaho.gov
N-Z Eric Summers at (208) 334-6026 or eric.summers@iic.idaho.gov