

IDAHO INDUSTRIAL COMMISSION

IC-36 INSTRUCTIONS

Please visit www.iic.idaho.gov/find-a-form/ to download our current IC-36 excel workbook template.

- If you **WILL USE** the online portal, either sheet within the template is acceptable for upload as an EXCEL file.
- If you **WILL NOT USE** the portal, the “Printable” template and **signature is required.**

The portal is accessed **only** through receiving an **e-mail reminder** from the Idaho Industrial Commission which contains a **link** and a **key**. The link and key is **unique** to each report.

- Successful submissions through the portal will return a summarized copy of the report by e-mail to both the preparer and/or certifier.
- First reminders will be within a week after report quarter end.
- If you wish to use the portal and have **NOT** received this e-mail within the first week, please contact wca@iic.idaho.gov.

Every **FATAL, PERMANENT TOTAL AND PERMANENT PARTIAL** claim on which **ANY** unpaid awards or reserves are payable by your company, must be entered on this form and carried forward on subsequent reports until paid out and reported with an unpaid balance of zero.

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 (“Zero Report”) and submitted to the IIC by the end of the month following the end of each calendar quarter.

Template Guidance & Definitions

HEADING: Print name of insurer or self-insured employer, year and select calendar ending quarter. **(Printable Template only)**

COLUMN 1: JURISDICTION CLAIM NUMBER

The jurisdiction claim number is returned by the Industrial Commission when a claim is reported through the EDI. **It is 10 digits long.**

COLUMN 2: DATE OF INJURY

Please use the **MM.DD.YYYY** format with a period, dash (-), or forward slash (/) separators.

COLUMN 3: EMPLOYEE'S NAME

Employee's name as reported on First Report of Injury (**FROI**)

COLUMN 4: 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)

Any claims with indications of PPI, PTD, or FTL are considered to be required on this report if there are **any unpaid balances**.

COLUMN 5: TOTAL AWARD

Include **TOTAL** compensation awarded (aka “initial reserves”) for Fatal, Permanent Total and Permanent Partial claims. The total award should include **the total medical, indemnity, and legal costs related to the entire claim.**

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 8).

COLUMN 6: COMPENSATION THIS REPORT PAID

Enter the amount paid on each claim since the last report was filed. **Cannot be negative amount.**

COLUMN 7: TOTAL COMPENSATION PAID

Enter the total amount paid on the award, including amount shown in “**Compensation This Report Paid**” (Column 6). This is a cumulative amount of what has been paid, including the amount for the current reporting period. **This amount cannot be negative.**

COLUMN 8: ADJUSTMENT

Make all adjustments for changes of conditions, remarriage, deaths, errors, reimbursements, overpayments, etc. in this column. Please net all adjustments, this is a cumulative amount of all changes affecting the award, reserves, payments, etc.

If adjustments *are* made, then the following formula must be true:

	(Column 5) “ Total Award ”	\$100,000
<i>less</i>	(Column 7) “ Total Comp Paid ”	\$50,000
<i>plus</i>	(Column 8) “ Adjustments ”	\$25,000
<i>equals</i>	(Column 9) “ Unpaid Balance ”	\$75,000

COLUMN 9: UNPAID BALANCE (AUTO CALC)

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

This amount cannot be a negative.

This field is **auto-calculated** on both the provided excel worksheet and the portal.

IF NOT USING THE PORTAL, THE “PRINTABLE” TEMPLATE MUST BE SIGNED DIRECTLY BY A CORPORATE OFFICER OF THE SURETY

SEE IIC ADMIN RULE 17.01.01.302.01.K (2023)

(PREFERRED)	SUBMIT BY E-MAIL TO: WCA@iic.idaho.gov	
OR MAIL TO:	Mailing Address	Physical Address (overnight)
	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-M** contact Alan Pace at (208) 334-6083 or alan.pace@iic.idaho.gov
N-Z contact Jinny Geyer at (208) 334-6026 or jinny.geyer@iic.idaho.gov

IC-36 PORTAL DETAILED INSTRUCTIONS

1. Verify Stage: Access Portal from E-Mail

Following each quarter end, the designated IC-36 preparer for your company (as reported on your **contacts report**) will receive an e-mail reminder from the Idaho Industrial Commission (@iic.idaho.gov) which will contain a link to your portal form, and a verification key to access it.

The message may look like the following:

Dear parties responsible or related to
INSURANCE COMPANY

We have not yet received your quarterly IC-36 Report of Outstanding
Awards for the period ending 12/31/2024. It will be due by 1/28/2025 for:
INSURANCE COMPANY

This report may be submitted through our portal using the validation key
below to access and fill out the IC-36 Report of Outstanding Awards Form
[here](#):

Validation Key: 1340f834-4638-4d0b-ac10-0ea8c9fb7e0

Alternatively a paper or e-mail submission may be prepared with a copy of
the report and instructions on our website at:

www.iic.idaho.gov/find-a-form/

Please submit, resubmit a copy, or forward any related questions to
wca@iic.idaho.gov.

Regards,

After clicking on “**here**” you will be brought to our portal, to enter your access (validation) key from your e-mail. Then click on “**Next**” to enter the “**Information Entry**” stage of the portal.

2. Information Entry Stage

You will begin by entering the total number of claims on your report, the portal will self adjust depending on the quantity of claims you have to report.

1 Verify ✓ 2 Information Entry 3 Review & Submit

Please visit www.iic.idaho.gov/find-a-form/ under "Carrier Forms and Reports" for additional IC-36 instructions or templates to upload or manually submit.

IC-36 Quarterly Outstanding Awards Report

Surety *
Example Insurance Company

3-Month Quarter Ending *
12/31/2024

Number of Claims to Report *

Next

2.1. IF 0 CLAIMS

The portal will pre-fill the remainder of the zero report.
Click "Next" to advance to the "Review & Submit" stage.

2.2. IF 1 TO 3 CLAIMS

The portal will ask you to add claim details, one at a time.
A button will reveal to allow you to 'Add IC-36 Claim'.

Number of Claims to Report *

IC-36 Claims

Create a new line item for each claim.

Add IC-36 Claim 

Date of Injury	Employee Name	Total Award	Unpaid Balance
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There are no records to display.

On clicking ‘Add IC-36 Claim’ the following pop-up will appear:

Please enter claim details as was remitted by EDI to the Idaho Industrial Commission

CLAIM DETAILS

Date of Injury *

4/28/2024

Employee Name *

Joe Doe

Jurisdiction Claim Number *

2024000000

Type of Claim *

Permanent Total

Total Award *

200,000.00

Compensation This Period *

30,000.00

Total Compensation Paid *

100,000.00

Net Adjustments *

0.00

Submit

The “**UNPAID BALANCE**” for the claim is calculated by the portal.

Multiple claims will be summed by the portal on this page. The total “**UNPAID BALANCE**” for the whole report will be calculated and viewable on the next page after hitting “**Next**” for the “**Review and Submit**” stage.

IC-36 Claims

Create a new line item for each claim.

[Add IC-36 Claim](#)

Date of Injury	Employee Name	Total Award	Unpaid Balance	
4/28/2024	Joe Doe	200,000.00	100,000.00	
4/20/2024	Joe Doe	300,000.00	200,000.00	

Report Summary Total Amounts

Total Awards

500,000.00

Compensation This Period

60,000.00

Total Compensation Paid

300,000.00

Net Adjustments

100,000.00

[Next](#)

2.2.1. Note: If a claim detail needs to be deleted or edited

Click on the dropdown menu “v” within the claim to the right of the unpaid balance:

Unpaid Balance

100,000.00



2.2.2. Note: If the popup does not load for “Add IC-36 Claim”,

Clicking within the area should refresh and correctly load the popup.

 Create

2.3. IF 4 OR MORE CLAIMS

The portal will ask you to:

1. **Manually enter the column TOTAL AMOUNTS** from your report
2. **Upload the required excel worksheet** of the report using or substantially following our IC-36 report template provided at www.iic.idaho.gov/find-a-form/

The total “Unpaid Balance” will be calculated by the portal, and viewable after hitting “Next” to advance to the “Review & Submit” stage.

1 Verify ✓ 2 Information Entry 3 Review & Submit

Please visit www.iic.idaho.gov/find-a-form/ under “Carrier Forms and Reports” for additional IC-36 instructions or templates to upload or manually submit.

IC-36 Quarterly Outstanding Awards Report

Surety *
Example INSURANCE COMPANY

3-Month Quarter Ending *
12/31/2024

Number of Claims to Report *
4

Report Summary Total Amounts

Total Awards 2400000	Compensation This Period 300000
Total Compensation Paid 1000000	
Net Adjustments -150000	

Worksheet Upload

Please upload an excel copy of your IC-36 report claims using either the portal template provided on www.iic.idaho.gov/find-a-form/ under “Carrier Forms and Reports” or a table that substantially follows the template provided.

Name ↑	Modified
IC-36_REPORT_v4.xlsx (26 KB)	9/27/2024 2:52 PM

3. Review & Submit Stage

Review your total “Unpaid Balance” on this stage for accuracy. A corporate officer from the insurer must be the one to certify this report.

If the preparer is **not** a corporate officer, the corporate officer will receive an e-mail **request to certify** with a link and key where they can review the prepared information, and **CERTIFY** this report.

Review

Please Review & Submit

Number of Claims	2
Total Awards	Compensation This Period
500,000.00	60,000.00
Total Compensation Paid	
300,000.00	
Net Adjustments	100,000.00
Unpaid Balance	300,000.00

Preparer Information

Preparer *
Jane Doe

Preparer Email *
Jane.Doe@exampleinsurance.com

Preparer Phone *
208.334.6083

Corporate Officer Information

Check this box if the corporate officer is the same as preparer.

Corporate Officer Email *
Jane.Doe@exampleinsurance.com

Corporate Officer Title *
Corp Secretary

Corporate Officer Signature *
Jane Doe

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct. *

[Previous](#) [Submit](#)

4. Confirm E-Mail Receipt

When the preparer submits an IC-36 Report through the portal:

1. **WITHOUT** certification

- a. The preparer will receive an e-mail summarizing the report, with (UNCERTIFIED) prefixed in the subject line
- b. The Corporate Officer will receive a similar e-mail with (REQUEST) prefixed in the subject line, and a **link** and **key** to **CERTIFY** the report
- c. **After** the corporate officer **CERTIFIES** the report, **both** individuals will receive an e-mail with (CERTIFIED) prefixed in the subject line, and a summary of the report.

2. **WITH** certification (*checks box for “if corporate officer is the same as the preparer”*)

- a. The individual will receive an e-mail summary of the report submitted, with (CERTIFIED) prefixed in the subject line.