

**THIS REPORT MUST BE FILED WITH THE STATE OF CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS (DIR) "SUBMITTED ANNUALLY. IT IS TO BE RECEIVED" IN THIS OFFICE NO LATER THAN MARCH 31ST OF THE SUBSEQUENT YEAR.**

**INSTRUCTIONS FOR COMPLETING THE WORKER'S COMPENSATION CLAIMS INVOLVING MEDICAL PAYMENTS ONLY (IC-2) AND CLAIMS INVOLVING INDEMNITY PAYMENTS (IC-327) ANNUAL REPORT:**

- Line A. (IC-2) Enter the number of Medical-Only Claims on which payment was made during this reporting period. **Do not include medical payments for Indemnity Claims.**
  - Line B. (IC-2) Enter the total amount paid on Medical-Only Claims during the reporting period. **The amount paid should relate to the number of claims reported on Line A.**
  - Line C. (IC-327) Enter the number of **Indemnity Claims** on which payment was made during this reporting period.
  - Line D. (IC-327) Enter the total amount paid on Indemnity Claims during the reporting period. **This amount should be only Indemnity Payments on the claims reported on Line C.**
  - Line E. (IC-327) Enter the total amount paid on the indemnity claims reported on Line C. **This should include medical payments made on Indemnity Claims. Do not include medical payments made on the Medical-Only Claims.**
- Sign and notarize the document as indicated.
  - Complete the ISIF Assessment Billing box.

***NOTE: THE IC-2 SECTION AND IC-327 SECTION REPORT DIFFERENT TYPES OF CLAIMS AND THE AMOUNT PAID ASSOCIATED WITH THOSE CLAIMS. DO NOT INCLUDE PAYMENTS MADE ON THE MEDICAL-ONLY CLAIMS (IC-2) ON THE INDEMNITY CLAIMS SECTION (IC-327).***

**VJ KUTGRQTV'O WUV'DG'E'QO R'NGVGF'D[ 'VJ G'P'UWTCPEG'E'QO RCP[ 'GXGP''  
H[ QWJ CXG'P'QPG'CPF'UWDO K'VGF'CPPWCNN[ 0K'K'VQ'DG'TGEGKGF''  
P'VJ K'QHHE'G'P'Q'NCVGT'VJ CP'O CTEJ 'STF'QH'VJ G'UWUGS WGP'V[ GCT0**