

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

COLUMN 3: TYPE OF CLAIM
Enter in this column the kind of case; i.e., FATAL, PERMANENT TOTAL, OR PERMANENT PARTIAL. (Use Abbreviations)

COLUMN 4: TOTAL AWARD
Include total compensation, including initial reserves for Fatal, Permanent Total and Permanent Partial claims. The medical portion of the indemnity claim is to be separated and shown on the line below for each 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 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 "Total Compensation 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 column 4 minus column 6 plus or minus 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 17.02.10.013.11**

E-MAIL TO: wc.analysts@iic.idaho.gov

OR

MAIL TO: IDAHO INDUSTRIAL COMMISSION
FISCAL SECTION
P.O. BOX 83720
BOISE, ID 83720-0041

PHYSICAL ADDRESS
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 that	A-L	Alan Pace at	(208) 334-6083 or	alan.pace@iic.idaho.gov
begin with:	M-Z	Chandra Tubbs at	(208) 334-6026 or	chandra.tubbs@iic.idaho.gov