SUMMARIES OF PAYMENTS

01. Summaries Requirement. A summary of payment shall be filed, in duplicate, by the Employer/Surety/Adjuster surety or self-insured employer within one hundred twenty (120) days of termination of disability for all legacy indemnity claims upon which an Employer/Surety/Adjuster surety or self-insured employer has made payments, except for those claims which are resolved by lump sum settlement. If all claim information has been provided via Electronic Data Interchange as prescribed by Commission rules, an electronic final summary of payment transaction must be filed within one hundred twenty (120) days of termination of disability for all indemnity claims. In the case of medical-only claims, no summaries of payment need to be filed. In the context of death claims and permanent total disability claims, interim summaries of payments shall be filed annually within the first quarter of each calendar year. Interim summaries shall be submitted setting forth substantially the same information required by Final Summaries of Payment, including the balance of payments made to the beginning of the current calendar year, payments during the calendar year, and a total of payments made. This total balance shall be carried forward as the amount of payments made to the beginning of the current year. The Final Summary shall be so designated. Supporting documentation shall be attached to any legacy claim summary of payment filed with the Commission. If all claim information has been filed electronically, supporting documentation must be provided upon Commission request.

02. Form. The summary of payment for legacy claims shall be submitted in a format substantially similar to IC Form 6, available from the Commission and posted on the Commission’s website at www.iic.idaho.gov. The final Subsequent Report of Injury (SROI) transaction shall be reported electronically for non-legacy claims.

03. Approval. Within ninety (90) days of receipt of the legacy claim Summary of Payment or final Subsequent Report of Injury (SROI) electronic transaction as set forth above, the Industrial Commission shall notify the Employer/Surety/Adjuster surety or self-insured employer of any inability to reconcile the summary to its records and request additional information. If the Employer/Surety/Adjuster surety or self-insured employer does not receive a request for additional information within the ninety (90) day period, the Employer/Surety/Adjuster surety or self-insured employer may proceed with closure. In the event the Commission requests additional information, whether in writing or telephonic, the Employer/Surety/Adjuster surety or self-insured employer shall submit the requested information within fifteen (15) working days. If the Employer/Surety/Adjuster surety or self-insured employer is unable to furnish the requested information, the Employer/Surety/Adjuster surety or self-insured employer shall notify the Commission, in writing, of its inability to respond and the reasons therefor within the fifteen (15) working days. The Commission may schedule a show cause hearing to determine whether or not the Employer/Surety/Adjuster surety or self-insured employer should be allowed to continue its status under the workers’ compensation laws, including whether the Employer/employer should be allowed to continue self-insured status.

04. Change in Status of Employer. In case of any default by the Employer or in the event the Employer shall fail to pay any final award or awards, by reason of insolvency or because a receiver has been appointed, the Employer shall submit a summary of
payments for every time-loss and death claim within one hundred twenty (120) days of the default, insolvency, or appointment of a receiver. This summary will be designated as an interim summary and does not relieve the Employer, successor or receiver from continued reporting requirements. The receiver or successor shall continue to report to the Commission, including the submission of summaries of payments and schedules of outstanding awards.