

Instructions for Completing the Maine Workers' Compensation Paid Benefits Report Required by 26 M.R.S. § 61

Due Date:

March 1st of each year

*ALWAYS OBTAIN A CURRENT VERSION OF THE REPORT FORM FROM OUR WEBSITE -- OLD
VERSIONS WILL FAIL TO LOAD INTO OUR DATABASE AND WILL BE RETURNED*

WHO FILES THIS REPORT:

This report must be filed by each insurance carrier licensed to do workers' compensation business in Maine and each group and individual self-insured employer authorized to make workers' compensation payments directly to their employees. Information is to be reported for workers' compensation payments in Maine for the most recent calendar year.

All fields must be completed

Blank fields may cause a load failure and the report will be returned for correction
Null reports are acceptable if Sections I & II (company and contact information) are completed

SECTIONS I & II: COMPANY AND CONTACT INFORMATION

Section I:

- **Carrier's** enter the full name and NAIC Number
- **Self-Insurers** enter the full name and license number (this is included in the report notification email sent in January, you may also find it using our Licensee Lookup feature <https://www.maine.gov/pfr/insurance/licensee-search>).

Section II:

- Include the contact person's name (first and last) and contact information (Email and phone number).

Note: *Using an Email address that goes to a central inbox will ensure that future notices are received by the company in the event of staffing changes.*

SECTION III. WORKERS' COMPENSATION AGGREGATE BENEFITS PAID INFORMATION

- Total Actual Paid Workers' Compensation Benefits must be whole number \geq \$0 (*includes both indemnity and medical payments*)
 - **For Carriers** - This number must equal page 19 (state page for Maine), line 16, column 5, Direct Losses Paid from the insurance carrier's annual statement.
- Total Actual Paid Workers' Compensation Medical Benefits must be whole number \geq \$0.
 - This number is the amount of workers' compensation medical payments.
- Total Benefits Less Medical Payments (Calculated):
 - The number is calculated by taking Line 1 minus Line 2

- Use the minus (-) key to enter negative numbers.

SUBMITTING YOUR REPORT

Carriers:

- Save the report as an Excel document with the following naming convention:
 - **Full Company Name and Report Type.xlsx** (example: ABC Insurance Company ABP.xlsx) - *Files saved in any other than .xlsx (Excel) will fail to load into our database.*
 - **Do not use acronyms** — We need to be able to easily identify your company as having filed the report.
 - **PDFs are not permitted, will not load and will be sent back**
- Email completed reports to Barbra.L.Garboski@maine.gov.
- You may contact Barbra Garboski at 207-624-8440 or electronically at the email below with questions.

Self-Insurers:

- Save the report as an Excel document with the following naming convention:
 - **Self-Insured Name and Report Type.xlsx** (example: ABC Self- Insurer ABP.xlsx) - *Files saved in any other than .xlsx (Excel) will fail to load into our database.*
 - **Do not use acronyms** — We need to be able to easily identify your company as having filed the report. If the full name is very long abbreviating is acceptable as is omitting WC Trust Fund or similar.
 - **PDFs are not permitted, will not load and will be sent back**
- You may contact Alex Bourne at 207-624-8447 or electronically at William.A.Bourne@maine.gov with questions.
- Email completed reports to Barbra.L.Garboski@maine.gov.