Self-Insured Workers' Compensation Online User Guide

Missouri Department of Commerce and Insurance

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Summary

The Self-Insured Workers' Compensation Web Portal allows industry users to submit the Individual Table 1 Payroll and Premium Tax Reports and/or the Self-Insured Group Workers' Compensation tax report.

The forms contained within this application require information only on the payroll paid to employees subject to the Missouri Workers' Compensation Law (Chapter 287 RSMo). "Payroll" is considered to be "remuneration" as defined by the Basic Guide of the National Council on Compensation Insurance (NCCI). This tutorial guides users through the online system for account creation, account management, and submission of the filings.

GUIDE

Self-Insured Workers' Compensation Site Address: <u>https://apps.dci.mo.gov/SIWorkComp/login.aspx</u>

Account Management

Users require an approved account to file Self-Insured Workers' Compensation and/or Group and Trust Self-Insured Workers' Compensation filings. New users must create an account and receive approval prior to creating filings. Existing users will need to sign in to manage account information and create new filings.

Account Registration

Required Information: Users will need to provide the following information when registering for an account with DCI:

- Provide a valid Email Address
- Create a Secure Password
- Provide the Contact Name
- Provide Contact Phone Number
- Provide Contact Address Information
- Provide all Company NAIC Numbers associated to the account

Registration Process

Users must register a MoLogin account to gain access to the application. Begin the account creation process by navigating to the Self-Insured Workers' Compensation Online Filings portal located on the internet at https://apps.dci.mo.gov/SIWorkComp/login.aspx

| Missour Department of Commerce & Insurance | Self Insured Workers' Compensation Filing | Michael L. Parson, Governor Chlora Lindley-Myers, Director |
|--|---|---|
| | Account Sign In | |
| | This app has moved to MoLogin authentication. Please click the Sign In button to redirect to MoLogin. The User Guide has been updated for MoLogin. | |
| | Login/Register | |
| | User Guide | |
| | Contact Us | |
| | | |

Once you navigate to the site, in the middle of the screen on the 'Sign In' page, click the button titled **Login/Register**. This will then pop up a box informing that you are being redirected to MoLogin.

Click the Log In button to redirect to MoLogin.

| Insured | BEING REDIRECTED TO MOLOGIN X | |
|----------------|---|----------------|
| KERS' COM | We have made changes to our login system. If you're seeing this message for the first time, read the User Guide on how to update your account in this updated system. If you've already transitioned your account under the new system or signed up after 09/01/2019, simply log in to your account. | |
| This app has m | Log In Cancel Login | Guide has been |
| | User Guide | |
| | Contact Us | |

You will then be redirected to MoLogin. If you do not have a MoLogin Account you will need to press the *Request Account* hyperlink.

| ogin | |
|------------------|---|
| MO Login | Login Request from SI Work Comp - Local |
| Registered Email | *** Notice *** |
| Username | The information and applications to which you are granted through this "Login" may be subject to Federal and/or State laws and regulations. Uparthorized access, disclosure, or other use of any information or applications may |
| assword | result in civil and/or criminal prosecution and fines, imprisonment, and/or other penalties. |
| Password | The State reserves the right to remove, disable, or otherwise render unusable any account that, in the opinion of the |
| Login | department or agency providing the information or application, has been or suspected to have been used for |
| | measures; or has otherwise been used to disrupt the delivery of information or applications. |

When *Request Account* is clicked you will be asked for a Registered Email which will let you log in to MoLogin. If you have a previous Self-Insured Workers' Compensation account use that Email so it can link to your account.

| Tionic | Forgot Password | Request Account | Login |
|------------------------|-----------------|-----------------|-------|
| Request Account | | | |
| Registered Email | | | |
| |] | | |
| Request Account | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Once you click the Request Account button an email will be sent to the Registered Email address from Missouri Account System. Click on the *Account Regisration Link* hyperlink or the Full Link and it will take you to the MoLogin's Create Account page.

| State of Missouri MO Login Account Request | * | + | Ф, | ^ |
|--|-------|----------|-----|---|
| From: Missouri Account System Sent: To: | | | | |
| An account registration request has been received for the State of Missouri MO Login account for this email. If you requested this account registration, please click the Account Registration Link bely paste the Full Link into your browser to complete the process. For security reasons, this link expires in 1 hour. | ow or | copy | and | |
| Account Registration Link | | | | |
| Full Link: | | | | |
| https://test-moaccount.azurewebsites.us/Account/Register/?Code= & & & & & & & & & & & & & & & & & & & | | | | |
| If you did not request this account registration, please delete this email. | | | | |

Fill out the form and press the *Create Account* button.

| Email | Password Rules | |
|------------------------------|--|---|
| Password Confirm password | Must be at least 12 charact Must contain at least 3 of t 1. Upper case character 2. Lower case character 3. Number | rers he following: r |
| Create Account | 4. Special character. ExMust not be a recent passw | amples include $! @ \# \ 0^{*} ()_{+^{\prime}} = [] :; <>?, / vord$ |
| | | |

Once this is completed go back to https://apps.dci.mo.gov/SIWorkComp/login.aspx.

Log in to MoLogin with the account you just created and if you had a previous account you will be redirected to the Portal Homepage. If you did not have a previous account you will be redirected to the Account Information form.

Complete the information requested on the Account Information form:

| Missouri Department of Commerce & Insurance | Self Insured Workers' Compensatio | on Filing | Michael L. Parson, Governor Chlora Lindley-Myers, Director |
|---|--------------------------------------|---|---|
| | | Account Information | |
| | Email | Please complete the fields below. All fields are required. If you already have an account, please click Here. | |
| | Contact Name | | |
| | Contact Phone: | | |
| | Contact Address | | |
| | Contact City. | | |
| | Contact State: | Select one | |
| | Contact Zip | Land Company | |
| | - Company NAIC | Add Company | |
| | Number Company Name | | Help |
| | | | |
| | Uthen this symbol appears, a | Register. | |
| | | | |
| | | | |

Email: This field will stay the same as it is linked to MoLogin. After creating your account, you will receive emails pertaining to your account and claims.

Contact Name: Enter the account contact name.

Contact Phone Number: Enter the primary phone number for the account in which you are registering.

Contact Street Address: In the text box provided, enter the street address for which the account will be register.

Contact City: Enter the name of the city for the account in which you are registering.

Contact State: From the drop down menu, select the state associated with the address provided above.

Contact Zip Code: Enter the zip code associated with the address provided above.

After you have entered all the requested information, click the *Register* button to continue with account creation. The depiction of a red 'x' next to a field indicates an error associated with field requirements. *Follow prompts provided to correct online registration inconsistencies or errors.*

Register

After selecting the *Register* button, the webpage redirects to the *Registration Complete* page. You will also receive an email notification verifying your registration.

| Mesour Department of Commerce & Insurance | Self Insured Workers' Compensation Filing | Michael L. Parson, Governor Chlora Lindley-Myers, Director |
|---|--|---|
| 1 | Registration Complete | |
| | Thank you for registering. Please allow up to 72 hours for your registration to be processed. | |
| | Back to Login | |
| | | |

It is important to note that processing registrations can take up to 72 hours before account approval. You will receive a confirmation email, once the account is accepted.

Login to your Self-Insured Workers' Compensation Web Portal The Web Portal is located at the following link save this link to your favorites for login https://apps.dci.mo.gov/SIWorkComp/login.aspx

To login, press the Login/Register button and a pop up will appear informing that you will be redirected to MoLogin.

| Missouri Department of Commerce & Insurance | Self Insured Workers' Compensation Filing | MICHAEL L. PARSON, GOVERNOR CHLORA LINDLEY-MYERS, DIRECTOR |
|---|---|---|
| | Account Sign In | |
| | This app has moved to MoLogin authentication. Please click the Sign in button to redirect to MoLogin. The User Guide has been updated for MoLogin. | |
| | Login/Register | |
| | User Gude | |
| | Contact Us | |
| | | |

Click Log In on the pop up to redirect to MoLogin.

| INSURED | Being Redirected to MoLogin | | x | |
|----------------|---|-----------------------------------|-----------------------------|----------------|
| (ERS' CON | We have made changes to our login system. If you're seei read the User Guide on how to update your account in this | ing this messag supdated syste | e for the first time, m. | |
| | If you've already transitioned your account under the new 09/01/2019, simply log in to your account. | system or signe | ed up after | |
| This app has m | | Log In | Cancel Login | Guide has been |
| | User Guide | | | |
| | Contact Us | | | |

Enter the Email and Password then press the Login button.

| gin | | | | | |
|------------------|--|--|--|--|--|
| 10 Login | Login Request from SI Work Comp - Local | | | | |
| Registered Email | *** Notice *** | | | | |
| Username | The information and applications to which you are granted through this "Login" may be subject to Feder State laws and regulations. Unauthorized access, disclosure, or other use of any information or applicatio | | | | |
| assword | result in civil and/or criminal prosecution and fines, imprisonment, and/or other penalties. | | | | |
| Password | The State reserves the right to remove, disable, or otherwise render unusable any account that, in the opinion of the | | | | |
| ogin | department or agency providing the information or application, has been or suspected to have been used for upper thorated access to information or application(c) has or attempted to hunges information or applications security | | | | |
| | measures; or has otherwise been used to disrupt the delivery of information or applications. | | | | |

Once you login, the page redirects to the portal homepage. From the portal homepage, you can navigate to your account settings; File Individual-Table 1, File Group-Table 1, Print Individual-Table 1 Data, Print Group-Table 1 for this session; and Help to get DCl contact information.



From the homepage, navigate to Account Settings link at the top right of the page. The webpage redirects to the Account Settings pages.

| Missouri Department of Commerce & Insurance | Self Insured Workers' Compensation Filing | Michael L. Parson, Governor Chiora Linduer Morenson Welcome Test Account Account Settings Sign out |
|---|---|--|
| Home File Individual Tablet File Group Tablet | Print Individuali-Table1 Print Group-Table1 Help | |
| | WELCOME | |
| | USE MENU OFTIONS TO CONTINUE. | |
| | ONLY YOUR ORIGINAL TABLE 1 CAN BE SUBMITTED USING THIS APPLICATION. ANY AMENDMENTS WILL NEED TO BE SENT TO THE DEPARTMENT VIA EMAIL TO SI_PTAX@INSURANCE.MO.GOV. | |
| | PLEASE REMEMBER TO USE THE PRINT OPTION BEFORE LOGGING OUT. THIS IS THE ONLY OPPORTUNITY FOR THIS INFORMATION TO BE PRINTED AS A CONFIRMATION RECEIPT. | |
| | (FOR BEST RESULTS, CHOOSE LANDSCAPE PAPER ORIENTATION ON PRINT OPTIONS BEFORE PRINTING.) | |
| | | |

Contact Information Updates

It is important to keep your contact information up-to-date, login into the account to manage account settings. You can change your password, email account, and contact information online through the account settings option.

Complete any necessary changes.

| Mesour Department of Commerce & Insurant | Self Ins Worker | sured rs' Compensati | on Filing | Michael L. Parson, Governor Critora Linoler-Myers, Director Welcome Test Account Account Settings Sign.out |
|--|----------------------------|---|---|--|
| Home File Individual-Table1 File Group-T | able1 Print Individual-Tab | e1 Print Group-Table1 Help | | |
| | | | Account Information | |
| | Email: | | Please enter the information you wish to update. | |
| | Contact Information: | Email | test.account@oa.mo.gov | |
| | contact mornation. | Contact Name: | Test Account | |
| | | Contact Phone Number: | (123)456-7890 | |
| | | Contact Address | 123 test street | |
| | | Contact City. | lest siwc | |
| | | Contact State | MO-Missouri • | |
| | | Contact Zip Code: | 12345 | |
| | | | Save | |
| | | When this symbol appears. | an error has occurred in the associated field, hover over symbol for error message. | |

Your changes will be saved and the page will redirect to a webpage confirming changes to your account. You will also receive an email notification, informing you that your account settings were successfully changed.

| Mescuri Department of Commerce & Insurance | MichAel, L. Parson, Governor ChLora Lindlev-Myers, Director Welcome Test Account <u>Account Settings Sign out</u> |
|---|---|
| Home File Individual-Tablet File Group-Tablet Print Individual-Tablet Print Group-Tablet Help | |
| Account Settings Saved | |
| Your account settings have been saved Back to Account Settings | |

To have a company added or removed from your account, you will need to contact DCI at

SI.PTax@insurance.mo.gov.

Individual Self-Insured Workers' Compensation Filings

To begin completion of an individual self-insured Table 1 Payroll and Premium Tax Report, select "File Individual Table 1" from the menu located on the homepage. The webpage redirects to the page where the appropriate NAIC Number can be selected from the dropdown list. If filing no business for the current tax year, select the appropriate NAIC Number click the Submit button.

| DCI Missouri Department of Commerce & Insurance | Self Work | nsured ers' Compensation F | FILING | | | Michael L. Parson, Governor Chiora Lindley-Myers, Director Welcome Test Account <u>Account Settings Sign out</u> |
|--|---|---|--|---|----------------|--|
| Home File Individual-Table1 File Group-Table1 | Print Individual-Table1 | Print Group-Table1 Help | | | | |
| | NAIC Nur Modificati Tax Year Standard Workers t Payroll To Manual P | vber: (V499993 TEST CC vix Factor: Compensation Tax: ati enrium Total | MPRNY: \$4 60 \$1000 05 \$1000 05 \$4.70 \$4.70 | 0 599 2018 7 700 5 000 5 000 1 000 | | |
| | V Class Code | Description | Rate Per \$100 Payroll | Payroll Amount | Manual Premium | |
| | 0005 | NURSERY EMPLOYEES & D | 4.70 | \$100,000.00 | \$4,700.00 | |
| | 1005 | COAL MINING SURFACE & ORIVERS | 5.43 | \$23.00 | \$1.00 | |
| | | Saye | 13 | lubmit | | |

Enter the information for the individual self-insured Table 1 Payroll and Premium Tax Report. Click the Add Class Code button. If a particular class code is not known, it can be looked up by selecting the Class Codes link. A web site listing of available class codes will be displayed.

| Payroll Total: | L | | | \$100,023.00 | | |
|-------------------|----------------------|-----------|----------------------------|--------------|----------------|----------------|
| Manual Premium | Total: | | | \$4,701.00 | | |
| | | | Add Class Code Class Codes | | | |
| 🗑 Class Code 🛛 De | escription | | Rate Per \$100 Payroll | | Payroll Amount | Manual Premium |
| 0005 NU | JRSERY EMPLOYEES & | D | 4.70 | | \$100,000.00 | \$4,700.00 |
| 🗆 1005 CO | DAL MINING SURFACE 8 | & DRIVERS | 5.43 | | \$23.00 | \$1.00 |
| | | | | | | \$0.00 |

After entering the specific class code record, select the Save button. Do not select the Submit button until you are completely done with the entire filing.

To add any additional class code records, select the Add Class Code button for each record.

| Missouri Department of Commerce & Insurance | Self I Work | nsured ers' Compensatic | on Filing | | | Michael, L. Parson, Governor Chiora Linder-Miners, Director Welcome Test Account <u>Account Settings Sign out</u> |
|--|--|--|--|--|----------------|---|
| Home: File Individual-Table1 File Group-Table1 | Print Individual-Table1 | Print Group-Tablet Help | | | | |
| | NAIC Nun Modificatik Tax Year Standard Workers C Payroli To Mariuai Pi | ther: Wi99999 T In Factor Prenum. Premum. Compensation Tax: Compe | EST COMPANY Add Class Code Class Codes | • 0 98 2016 \$4,613.00 \$46.00 \$100,146.00 \$4,707.00 | | |
| | 17 Class Code | Description | Rate Per \$100 Payroll | Payroll Amount | Manual Premium | |
| | 0005 | NURSERY EMPLOYEES & D | 4.70 | \$100,000.00 | \$4,700.00 | |
| | 1005 | COAL MINING SURFACE & DRIVERS | 5.43 | \$23.00 | \$1.00 | |
| | 0251 | IRRIGATION WORKS OPERATION & D | 5.02 | \$123.00 | \$6.00 | |

Remember to select the Save button after each record until completely finished entering the entire filing before selecting the Submit button. Once you have completely finished entering the entire filing, click the Submit Button. You will receive a prompt to confirm the submission.

| Standard Pre | mium | P | | \$4,607.00 | |
|-------------------------------|---|--|---|----------------|-----------------|
| Workers Com | pensation Tax: | Message from webpage | × | \$46.00 | |
| Payroli Total. Manual Prem | ium Total | | - | \$100,023.00 | |
| Manual Fren | ion i otal | A minute and all | | \$4,701.00 | |
| | | Your filing has been successfully save | d | | |
| Class Code De | scription | | | Payroll Amount | Manual Premium |
| 0005 NU | RSERY EMPLOYE | OK | | \$100,000.00 | \$4,700.00 |
| 1005 CC | AL MINING SURFA | UE & URIVERS 04 | to Ct | \$23.00 | \$1.00 |
| Confirm the filing i | is completed as | desired and select the Submit b | outton fro | om the confiri | mation message. |
| | Tax Year: Standard Premium: Workers Compensa Payroll Total: Manual Premium To | tion Ta This will submit and finalize your Table 1 for the year Contact the Department if changes are needed after the submission. | 0.00 2018 \$4,607.00 r. \$46.00 00,023.00 his \$4,701.00 | | |
| | 🙀 Class Code Descript | on Submit Cancel | oll Amount | Manual Premium | |
| | 0005 NURSER | YEMP | 100,000.00 | \$4,700.00 | |
| | L 1005 COAL MI | | \$23.00 | \$1.00 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | Save | ubmit | | |

A message indicating the filing has been submitted will be displayed. It will remind you that the filing can no longer be edited from the online system. Changes to your data will need to be emailed to the department directly after submitting your Table 1.

To print the submitted record, select the Print button.



Printing

The Self-Insured Workers' Compensation Portal allows users to submit data; however, the print feature only allows users to print the data at the time of submittal.

| | Nocalhost/SiWerkCom | p/PrintW/ | Ť | Certifica | ate error 🧔 Search | | <u>P-</u> 6 12 19 19 | ings Sig |
|------------------------|---------------------|----------------------|------------------|-----------------------------|--------------------|--------------|----------------------|----------|
| File Individual-Table1 | n IL-I | AIC Number | WI99999 TEST COM | PANY | ~ | | | |
| | | | Filing Status: | Submitted | | | | |
| | M | odification Factor | | | 0.98 | | | |
| | Ta | x Year: | | | 2018 | | | |
| | St | andard Premium: | | | \$4,607.00 | | | |
| | W | orkers Compensation | [| | \$46.00 | | | |
| | Pa | yroll Total: | 1 | | \$100,023.00 | | | |
| | M | anual Premium Total: | | | \$4,701.00 | | | |
| | Class Code | Description | , | ate Per \$100 Pavroli | Payroll Amount Ma | nual Premium | | |
| | 0005 | NURSERY EMPLO | OYEES & D | 4.70 | \$100,000.00 | \$4,700.00 | | |
| | 1005 | COAL MINING SU | RFACE & DRIVERS | 5.43 | \$23.00 | \$1.00 | | |
| | | | | | | | | |

A separate window will display the filing in a printable format. Select the printer icon to print the filing.

If you attempt to file again for the same NAIC Number, a message will be displayed indicating a filing has already been submitted for that tax year.

| Masouri Department of Commerce & Ins | SELF INSURED WORKERS' CO | MPENSATION FILING | | MICHAEL L. PARSON, GOVERNOR CHLORA LINDLEY-MYERS, DIRECTOR Welcome Test Account <u>Account Settings</u> Sem out |
|--|--|---|--------|--|
| Home File Individual Tablet File Group | Table1 Print Individual Table1 Print Group Table | 1 Нер | | |
| | | | | |
| | | rable 1 for this NoUL # has seen a | is tax | |

Group and Trust Self-Insured Workers' Compensation Filings

To begin completion of a group and trust self-insured Table 1 Payroll and Premium Tax Report select "File Group Table 1" from the menu located on the homepage. The webpage redirects to the page where the appropriate NAIC Number can be selected from the dropdown list.

| ual-Table1 File Group-Table1 | I'nni individual-Table1 Phr | I Group-Table1 Help | _ | | S |
|------------------------------|-----------------------------|---------------------|---------------------------------|-------|---------|
| NAIC Number: | Mambars | Mam | ar Datail | ~ | |
| | | Find | Jei Derail | | |
| | | 2. To | tal Payroll | \$0.0 | × |
| | | 3. M | Inual Premium | S | 0.00 |
| | | 4 D 5. SI | andard Premium | 5 | 0.00 |
| | A | 6. E | pense Constant | S | 00.00 |
| | | 7.0 | her Surcharge(s) | S | 0.00 |
| | | 8. Pt | emium Discount(s) | \$ | 0.00 |
| | | 9.M | mber Premium | S | 0.00 |
| | | 0100 | return - rabie i | | |
| | | 10 10 | tal Payroll | 5 | 50 OD |
| | | 11 M | inual Premium andard Premium | 5 | 0.00 |
| | | 13. To | tal Member Premium | 5 | 0.00 |
| | | 14. Al | dit Premium | \$ | 0.00 |
| | | 15. R | tro Premiums | 5 | 0.00 |
| and a second | | 16 D | vidends Paid | S | 0.00 |
| | | 17_0 | a Other Description | 5 | 12.1.15 |
| | | 18. To | tal Group Premium | S | 00 00 |
| | | 19 W | C Administrative Tax | 5 | 50.00 |
| | | | | | |
| | | | | | |

Use the search field to navigate to your appropriate member

Members



Enter the highlighted member's information into the member detail section.

| Member Detail | |
|-----------------------------------|--------|
| 2. Total Payroll | \$0.00 |
| 3. Manual Premium | \$0.00 |
| 4. Experience Modification Factor | 0.00 |
| 5. Standard Premium | \$0.00 |
| 6. Expense Constant | \$0.00 |
| 7. Other Surcharge(s) | \$0.00 |
| 8. Premium Discount(s) | \$0.00 |
| 9. Member Premium | \$0.00 |
| | |

Enter the totals for the group in the Group Return Portion.

| Group Return - Table 1 | |
|---------------------------|--------|
| 10. Total Payroll | \$0.00 |
| 11. Manual Premium | \$0.00 |
| 12. Standard Premium | \$0.00 |
| 13. Total Member Premium | \$0.00 |
| 14. Audit Premium | \$0.00 |
| 15. Retro Premiums | \$0.00 |
| 16. Dividends Paid | \$0.00 |
| 17. Other Amount | \$0.00 |
| 17a. Other Description | 2 |
| 18. Total Group Premium | \$0.00 |
| 19. WC Administrative Tax | \$0.00 |

Click the Save button to save data entered into the group and members sections.



Receive confirmation message that the filing was saved.



Click the Submit button to submit your information. Changes to your data will need to be emailed to the department directly after submitting your Table 1.

| | 11. ofther Amount 50.00 17. Other Amount 50.00 17a. Other Description 50.00 18. Total Group Pramium \$0.00 19. WC doministrative Tax \$0.00 |
|------|---|
| Save | Submit |

Click Submit to confirm that you want to submit and finalize our return for the year. Click Cancel to return to editing your return.



A confirmation message will be displayed once your data has been submitted to the Department and saved to the database.

| Home File Individual-Tablet | File Group-Tablet Print Individual-Tabl | et Print Group-Table1 Help | | | |
|-----------------------------|---|----------------------------|--|---|--|
| | NAIC Number: | Members | First Your filing has is You will no long To view this record right | Member Detail 2. Total Payol 3. Manual Prensium 4. Expension Medication Factor 6. Stadard Prensum 6. Expensic Constant 7. Chler Succharge(s) Per successfully submitted re auto submitted re auto print Group-Table1 9.1 9.1 9.1 9.1 9.1 9.1 9.1 9.1 9.1 9. | 50 00 50 00 3 000 3 200 50 00 50 00 50 00 50 00 50 00 50 00 50 00 50 00 |
| | | | | 15. Netro Premiuns 15. Divisiends Faud 17. Other Amount 17. Other Amount 17. Tother Description 18. Total Group Premium 19. W/C Administrative Tax | 50.00 50.00 50.00 50.00 50.00 |

Printing

The Self-Insured Workers' Compensation Portal allows users to submit data; however, the print feature only allows users to print the data at the time of submittal.

Click the Home button to return to the Home Page or click the Print button to print your filing.

The system will open your printable version in a new window. A printed filing will look similar to the image below.

| | SELF INS | URED | | | | | | | CHL | ORA LINDLEY-MYERS, |
|------------------------------|--|--------------------------|-------------------|----------------|-------------|---------------------|--------------------|---------------------------|-----------------|---|
| | Monutes | Coup | HOLTION | Filme | | | | | - 0 | Test Account Acco |
| partment of Commerce | 8 (=) (i) Sheet | Concession in the second | | | - 5 | Caretricate error C | insection. | | P+ 0 = 0 | |
| | 😂 localhost | | | | | | | | | |
| ile Individual-Tacket File G | NAIC Number | | WG00 | | | | | - | | |
| | The second | | 1111111 | Filing Status: | Submitted | | | | | A |
| | and the second second | | | | | | | | | |
| | Group Return - Table 1 | | | | | | | | | |
| | 10 Tabil Recent | | | | | - | | | 80.00 | |
| | 11. Manual December | | | | | | | | 50.00 | |
| | 17 Standard Premium | | | | | | | | 50.00 | |
| | 12. Group Promium | | | | | | | | 50.00 | |
| | 14 Audit Departure | | | | | | | | \$0.00 | |
| | 15 Date Desmission | | | | | | | | 50.00 | |
| | 15. Photo Premiunts | | | | _ | | | | 50.00 | |
| | 17 Other Amount | | | | | | | | 50.00 | |
| | 17s Other Description | | | | | | | | 30.00 | |
| | 18 Tatal Course Description | | | | | | | | \$6.00 | |
| | 10. MC Administrative Tax | | | | | | | | \$0.00 | |
| | 13. THOMAS AND TAX | | | | | | | | 40.00 | |
| | 1. Member Name | 2. Total Payroli | 3. Manual Premium | 4. Experience | 5. Standard | 6. Expense | 7. Other Surcharge | 8. Premium Discount(s) | 9. Member Premi | um |
| | | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | And and a second se | \$0.00 | \$0.00 | 0.000 | \$0.00 | \$0.00 | 50 00 | \$0.00 | \$0.00 | |
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Help Menu



Contact Us

Contact the Department of Commerce and Insurance, for help with filings by email at

si_ptax@insurance.mo.gov.



User Guide

This User Guide can be obtained from the *User Guide* menu as well as from the DCI web site at http://insurance.mo.gov/industry/forms/index.php#Workers

Frequently Asked Questions (FAQ)

The Frequently Asked Question portion is divided into two sections: Self-Insured and Group and Trust. The link navigates the user to the Department of Labor & Industrial Relations website.

Self-Insured Workers' Compensation FAQ

http://labor.mo.gov/DWC/Employers/ind_self_ins

Group and Trust Workers' Compensation FAQ

http://labor.mo.gov/DWC/Employers/group_trust_self_ins

Sign-out

Before closing the browser, be sure to sign-out. To logout, select the Sign Out hyperlink at the top right corner of the page. Upon successful logout, the system redirects you to a confirmation page.



MICHAEL L. PARSON, GOVE CHLORA LINDLEY-MYERS, DIRE