

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 DIVISION OF WORKERS' COMPENSATION
SECOND INJURY FUND SURCHARGE

FOR QUARTER ENDING

Insurance Company Name, Address and NAIC Number

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1. New or Renewal Premiums for Policies with 1998 Inception Dates:	\$
a. 1998 Surcharge Assessment @ 3%: (1xa)	\$

2. Additional Premiums Collected or Returned for Policies with 1997 Inception Dates:	\$
b. 1997 Surcharge Assessment @ 1.5%: (2xb)	\$

3. Late Payment Penalty for Payments Occurring More Than 30 Days After the End of the Quarter: (1+2)	\$
c. Late Payment Penalty @ .5%: (3xc)	\$

TOTAL MISSOURI SECOND INJURY FUND SURCHARGE DUE: (Add 1a, 2b and 3c to arrive at the combined total)	\$	
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Mail one copy and your check for the surcharge to:
 Missouri Department of Revenue
 P.O. Box 898
 Jefferson City, MO 65105-0898
(Mail this copy even if no money is due at this time.)

Mail another copy to:
 Missouri Division of Workers' Compensation
 P.O. Box 58
 Jefferson City, MO 65102-0058
(Mail this copy even if no money is due at this time.)

Keep one copy for your records

These forms are due 30 days after the end of each Quarter,
 i.e., not later than April 30, July 30, October 30 and January 30.