



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION

**SECOND INJURY FUND SURCHARGE**

<b>FOR QUARTER ENDING</b>

Insurance Company Name, Address and NAIC Number

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<b>1. New or Renewal Premiums for Policies with 1999 Inception Dates:</b>	<b>1</b>	\$	
a. 1999 Surcharge Assessment @ 3%: (1x3%)	<b>1a</b>		\$0.00

<b>2. Additional Premiums Collected or Returned for Policies with 1998 Inception Dates:</b>	<b>2</b>	\$	
b. 1998 Surcharge Assessment @3%: (2x3%)	<b>2b</b>		\$0.00

<b>3. Additional Premiums Collected or Returned for Policies with 1997 Inception Dates:</b>	<b>3</b>	\$	
c. 1997 Surcharge Assessment @1.5%: (3x1.5%)	<b>3c</b>		\$0.00

<b>4. Late Payment Penalty for Payments Occurring More Than 30 Days After the End of the Quarter: (1a+2b+3c)</b>	<b>4</b>	\$	
d. Late Payment Penalty @.5%. Interest @ 1.5% per month. (4x2%)	<b>4d</b>		\$0.00

<b>TOTAL MISSOURI SECOND INJURY FUND SURCHARGE DUE:</b> (Add 1a, 2b, 3c and 4d 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.