

**New Jersey Department of Labor and Workforce Development
 Division of Finance and Accounting
 Insurer's Quarterly Workers' Compensation Surcharge Return
 P.O. Box 394
 Trenton, NJ 08625-0394
 Fax: (609) 292-2474
 Email: Philip.Shapiro@dol.nj.gov**

Policy Effective Year	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	-----EARNED MODIFIED PREMIUM-----					Second Injury Fund Surcharge Rate	Second Injury Fund Surcharge Amount	Uninsured Employers Fund Surcharge Rate	Uninsured Employers Fund Surcharge Amount
1. 2016						0.0581		0.0000	
2. 2017						0.0500		0.0008	
3. 2018						0.0515		0.0012	
4. 2019						0.0548		0.0000	
5. 2020						0.0534		0.0000	

6. Gross Surcharge Amounts Payable
 Add blocks 1(g) thru 5(g). Enter amount in block 6(g). 6(g)
 Add blocks 1(i) thru 5(i). Enter amount in block 6(i). 6(i)

Amounts Previously Remitted

	(a) Second Injury Fund Payments	(b) Uninsured Emp. Fund Payments
7. Calendar Yrs 2016-2019		
8. Calendar Yr 2020		

ENTER FEIN (FEDERAL EMPLOYER IDENTIFICATION NUMBER), REG NUMBER AND COMPANY NAME BELOW:

FEIN

REG NUMBER

COMPANY NAME

Please Remember: The amount of cash removed from prior payments equals the surcharge amounts for CY 2015.

9. Totals Previously Remitted
 Add blocks 7(a) and 8(a). Enter amount in block 9(g). 9(g)
 Add blocks 7(b) and 8(b). Enter amount in block 9(i). 9(i)

10. Net Surcharges payable this Quarter
 Subtract block 9(g) from block 6(g). Enter amount in block 10(g). 10(g)
 Subtract block 9(i) from block 6(i). Enter amount in block 10(i). 10(i)

11. **TOTAL AMOUNT DUE THIS QUARTER**
 Add amounts in blocks 10(g) and 10(i) and place in block 11.

12. **PENALTY FOR LATE FILING AND/OR PAYMENT**
MAKE CHECK PAYABLE TO "THE STATE OF NEW JERSEY - DIVISION OF REVENUE" FOR AMOUNTS IN BLOCKS 11 AND 12 AND ATTACH TO THE RETURN. 11 12

I certify that the above information is correct:

Signature and Title

Date Signed: Telephone Number: FAX Number:

Email Address:

**INSTRUCTIONS FOR THE PREPARATION OF
“INSURER’S QUARTERLY WORKERS’ COMPENSATION SURCHARGE RETURN”**

General Instructions:

- The return should be completed as mailed by the New Jersey Department of Labor and Workforce Development, with the pre-printed address label attached.
- If a photocopy of the return is used, please ensure that the information contained on the label is clearly reproduced on the photocopy.
- The return must be signed as an original. No photocopy, facsimile or machine-produced signatures will be accepted.
- Please note the due date for the return, which is shown on the label. Failure to file the return by the due date may result in a penalty and the assessment of interest on the amount of surcharge due.
- **Make check payable to the State of New Jersey – Division of Revenue.**
- Questions pertaining to the preparation of this return should be sent to the above address, or you may contact Philip Shapiro by fax (609) 292-2474, telephone (609) 292-7806, or Email Philip.Shapiro@dol.nj.gov.

Lines 1 through 5:

- Enter the amount of the Earned **MODIFIED** Premium, by quarter, for each policy written effective 2013 and thereafter (lines 1 through 5). Adjustment must be made to reflect changes in the Earned **MODIFIED** Premiums over the life of the policies. The total Earned **MODIFIED** Premium should never be less than zero.
- Earned **MODIFIED** premium means the portion of the modified premium that was earned on a pro rata basis of the policy term after application of any experience modification and prior to the application of an approved managed care premium reduction, a Schedule Rating Plan premium credit or debit, a premium reduction for the New Jersey Construction Classification Premium Adjustment Program, any expense constant, surcharges, premium discounts, retrospective rating premium adjustments, premium reductions in consideration of Large Risk – Large Deductible Programs and Terrorism premium charges.
- Each policy year will be developed for a period of sixty (60) months.
- Enter the total Earned Modified Premiums for each policy year in column (e).
- Multiply the amounts in column (e) by the corresponding rates in column (f). Enter the result in column (g).
- Multiply the amounts in column (e) by the corresponding rates in column (h). Enter the result in column (l).

Line 6:

- Add columns 1(g) through 5(g) and enter total in block 6(g). Enter the amount from block 1(i) in block 6(i).

Lines 7 and 8:

- Enter the amounts previously remitted for the surcharges, in columns 7(a) and 7(b). Lines 8(a) and 8(b) will be zero for the 1st Quarter of CY 2019. Please remember that the amount of cash removed for CY 2014 is equal to the surcharge amounts in CY 2014.

Line 9:

- Add blocks 7(a) and 8(a) and enter in block 9(g).
- Add blocks 7(b) and 8(b) and enter in block 9(i).

Line 10:

- Subtract the amount in block 9(g) from the amount in block 6(g) and enter the result in block 10(g).
- Subtract the amount in block 9(i) from the amount in block 6(i) and enter the result in block 10(i).

Line 11:

- Add the amounts in blocks 10(g) and 10(i) and enter in block 11.

LINE 12:

- There will be an assessment of a \$100 Penalty for every 30 days a payment is overdue, beginning with the first day of late status. If your check is mailed after the due date, please include the \$100 Penalty with the payment.