Vermont Department of Labor

Workers' Compensation Assessment Fund **Insurer's Reconciliation Statement**

	Calendar Year: 2	022	DUE: March 15, 2023			
Insurer Name:		NAIC Company Code	e:			
Group Name:		NAIC Group Code:				
1.	Direct Premiums Written					
	Enter the amount of direct premiums written during the period January 1, 2022 through December 31, 2022					
	This amount should equal what is repannual statement [Exhibit of Premium	s and Losses (Statutory Page 14 Data				
2.	Annual Assessment Due					
	The Vermont General Assembly establishes the assessment rate annually.					
	The assessment rate is 1.5%					
	Multiply the amount on line 1 by .015					
	The total annual assessment due is:	:	2			
3.	Quarterly Assessments Previously Sub	mitted				
Enter the actual amounts paid for each quarter throughout calendar year 2022						
	Amount carried forward from 2021 1 st Quarter 2 nd Quarter 3 rd Quarter 4 th Quarter	Ap	nuary 1, 2022 – March 31, 2022 oril 1, 2022 – June 30, 2022 lly 1, 2022 – September 30, 2022 ctober 1, 2022 – December 31, 2022			
TOTAL AMOUNT DUE 3.						
4.	Credit to be applied to next quarterly					
	· ·		ward the next quarterly assessment due. 4.			
5.	Balance Due					
	Subtract line 3 from line 2. If the amount is greater than 0, this is the remaining assessment amount due. If the amount is less than 0, enter the amount on Line 5. Make checks payable to: Vermont Department of Labor Forward check and this form to: Workers' Compensation Admin Fund PO Box 488 Montpelier, VT 05601-0488					
		AMOUNT PAID	5			

6.	Certification				
I certify that the information identified above, and submitted, is true and accurate.					
	(Signature)		(Date)		
	Name:		Telephone:		
	Title:		_ Email: _		
	Group Address:		_ Company Address: _		
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⇒⇒ Include a copy of "Exhibit of Premiums and Losses (Statutory Page 14

Data)" with your submission ← ←