



Office of Governor

DEPARTMENT OF LABOR

Robert Bentley

Fitzgerald Washington

Governor

Secretary of Labor

STATE OF ALABAMA

TO: WHOM IT MAY CONCERN

Pursuant to §25-5-316, Code of Alabama, 1975, (You can view this law at our website at www.labor.alabama.gov/wc). The WCC10 report for the Worker's Compensation Assessment is filed annually by each insurance carrier in Alabama and who writes Worker's Compensation Insurance, the Self-Insured Companies and Group Self-Insured Funds. These entities shall be responsible for the payment of its proportionate share of the annual workers' compensation assessment.

**You are required to complete the WCC10 form and return it by
March 1 to avoid a \$25.00 a day penalty.**

The WCC10 Form will be e-mailed the 1st week of Jan. If you do not receive the form(s), phone or e-mail Mary Jorgensen (see contact information below).

If there are any changes to address information, email, etc., please indicate changes on the form.

Include on the WCC10 form the amount of gross claims for;

Compensation Expenses

Medical Expenses

Attorney Expenses

Administrative Expenses

Court Settlements

paid during the preceding one-year period ending December 31.

Do not subtract from the reported figures any amounts recovered by subrogation, reinsurance, or any other recovery.

The self-insured companies should list their subsidiaries on the WCC10 form. If claims are still being paid for any cancelled SI or sub, you are required to submit all losses and pay the assessment until all claims are closed.

If the SI or sub was cancelled prior to the current year and claims were closed by the end of past year, please mark thru the sub and indicate on form.

The completed form(s) is to be e-mailed (Assessments@Labor.Alabama.Gov), (mary.jorgensen@labor.alabama.gov) or mailed (Workers' Compensation Div, Attn: Mary Jorgensen, 649 Monroe St, Montgomery, AL 36131) or faxed (334-353-8262). E-Mail is preferred so that an acknowledgement can be sent back.

If you need additional information concerning this assessment form, please contact Mary Jorgensen in the Assessment Unit at (334) 353-0430.

WORKERS' COMPENSATION DIVISION

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