



**Workers'
Compensation
Board**

**Instructions for Completing Unified Employer Assessment Surcharge
Workers' Compensation Insurers Remittance Form
Insurer Group Addendum
State of New York – Workers' Compensation Board**

General Instructions

Insurers submitting an aggregated payment must complete the *Quarterly Unified Employer Assessment Surcharge Workers' Compensation Insurers Remittance Form – Insurer Group Addendum (Form GA-2.1)*. You must complete one group form listing all insurers for whom you are submitting one payment; however, a GA-2 form must be completed for each insurer.

Enter information in the following field:

1. Insurer Group Name
2. Calendar Year Reported
3. Quarter Ending
4. WCB ID Number – the “W” Number assigned by the New York State Workers' Compensation Board (Board)
5. FEIN – Federal Employer Identification Number
6. NAIC Company Number
7. Insurer Name
8. Total Surcharge Due

For every insurer included in the payment, please select the button “Add Row.”

The Total Surcharge Due for all insurers in the group should equal the total amount shown in Column 15 of the *Quarterly Unified Assessment Surcharge Workers' Compensation Insurers Remittance Form (Form GA-2)*.

Complete the form with your name, title, email address, phone number, and date. Save a copy for your records.

If you do not receive a confirmation email with a PDF copy of the quarterly form, then the Board did not receive your form. Please try to attach a saved version of this form to an email to Assessments@wcb.ny.gov. If you still do not receive an email confirmation, please contact the Board by sending an email to WCBFinanceOffice@wcb.ny.gov.