

SAMPLE COMPLETED ASSESSMENT FORM 050

Invoice Date _____ Invoice # _____
 ASSESSMENT FOR QUARTER ENDING _____

Insurance Company Name and NAIC Number _____
 Insurance Company address _____
 Insurance Company address _____

A FINE OF 5% WILL BE ASSESSED ON BALANCES NOT RECEIVED WITHIN 30 DAYS

Data for Public employers recorded in this column

PUBLIC EMPLOYERS
(0.354 of Premiums)

PRIVATE EMPLOYERS
(0.049 of Premiums)

Data for Public employers recorded in this column

Total Standard Premiums for Assessed Insured

\$7,595.28

\$ 1,546,348.00

Line used to record the standard premium for Public/Private employers assessed in quarter

Assessment collected (Amount Due)

\$2,688.73 (A)

\$ 75,771.05 (B)

Line used to record the calculated assessment for Public/Private employers

Employers Assessed

8

453

Line used to record the number of Public/Private employers assessed for the quarter

Please remit the quarterly assessment payment as follows:

1. MASS Industrial Accident Public Trust Fund

\$2,688.73 (A)

2. MASS Industrial Accident Private Trust Fund

(B) \$ 75,771.05 x 0.761

\$ 57,661.77

Assessment due (Line B) above due to DIA in two checks, which will be credited to Trust and Special funds.

3. MASS Industrial Accident Special Fund

(B) \$ 75,771.05 x 0.239

\$ 18,109.28

I hereby certify under penalties of perjury that all laws of the Commonwealth governing assessments and regulations therefore have been complied with and observed, and that all information is, to the best of my knowledge, correct.

Name: **Jane Smith**

Signed: **Frank Jones**

Title:

Phone: **123-456-7891**

Date: **MMM-DD-YYYY**

E-mail address required for individuals preparing and signing this document (if different)

Signers E-mail: **jsmith@insurer.com**

Preparers' e-mail: **fjones@insurer.com**

E-mail addresses of both preparer and signer

The DIA does not accept aggregated reporting information. Information is required for each company required to pay assessments. Incomplete forms will be considered to be delinquent and subject to the 5% fine.

Please visit the Assessment web-page at www.mass.gov/dia for a sample of a properly completed Form 050.

All fields in red are required.