



OFFICE OF THE GOVERNOR

KAY IVEY  
GOVERNOR

STATE OF ALABAMA

DEPARTMENT OF LABOR

FITZGERALD WASHINGTON  
SECRETARY OF LABOR

To: Insurance Companies, Individual Self-Insurers & Group Self-Insurance Funds

Pursuant to §25-5-316, Code of Alabama, 1975, You can view this law at  
[www.legislature.state.al.us/CodeofAlabama/1975/coatoc.htm](http://www.legislature.state.al.us/CodeofAlabama/1975/coatoc.htm)

The WCC10 for the Worker's Compensation Assessment is filed annually by insurance carriers in Alabama who write 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, 2013 to avoid a \$25.00 a day penalty.**

## NO EXTENTIONS TO THIS DEADLINE WILL BE GRANTED.

The WCC10 Form will be mailed the 1st week of Jan. If you do not receive form, contact Mary Jorgensen at 334-353-0430 or e-mail see contact information below.

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

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

### **Compensation Expenses**

### **Medical Expenses**

### **Attorney Expenses** (associated with the WC claims)

### **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 (subs) 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 the past year, please mark thru the sub and indicate on form.**

The completed form can be e-mailed [assessments@labor.alabama.gov](mailto:assessments@labor.alabama.gov) or mailed (Workers' Compensation Div, Attn: Mary Jorgensen, 649 Monroe St, Montgomery, AL 36131) or faxed (334-353-8262).