

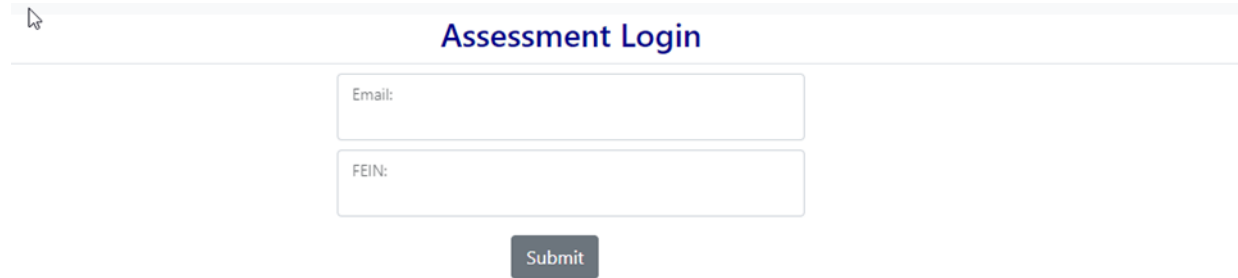
Workers' Compensation Assessments

Application Overview

- ▶ The Workers' Compensation Assessment Application is an Internet application designed to collect basic contact information from employers. Allows employers to view and pay their Assessment Invoice electronically. Allows employers to enter their WCC10 Assessment Reporting info into the system as required by the Workers' Compensation Division.

Assessment Login

<https://labor.alabama.gov/wc/AssessmentPortal/AssessmentLogin.aspx>

A screenshot of a web browser showing the 'Assessment Login' page. The page has a light blue header with the title 'Assessment Login'. Below the header, there are two input fields: 'Email:' and 'FEIN:'. Below these fields is a dark blue 'Submit' button. A mouse cursor is visible over the top left corner of the page.

Assessment Login

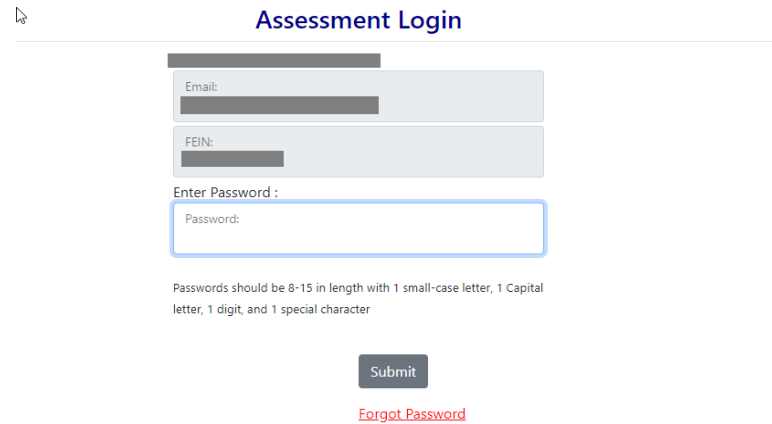
Email:

FEIN:

Submit

1. Enter Email address.
2. Enter FEIN(Federal Identification Number)
3. Click Submit

Assessment Login



The screenshot shows a web form titled "Assessment Login". It contains three input fields: "Email:", "FEIN:", and "Enter Password :". The "Enter Password :" field is highlighted with a blue border. Below the fields is a "Submit" button and a red link labeled "Forgot Password". A password requirement note is located below the password field.

Assessment Login

Email: [Redacted]

FEIN: [Redacted]

Enter Password :

Password: [Redacted]

Passwords should be 8-15 in length with 1 small-case letter, 1 Capital letter, 1 digit, and 1 special character

Submit

[Forgot Password](#)

1. Upon the 1st time logging in, you'll be prompted to enter a New password.
2. If this is not the 1st time logging in, you'll be prompted to enter a valid password.
3. Click Submit

Assessment Landing

[Customer Maintenance](#) [Invoice Inquiry](#) [Assessment Report](#) [Historical Assessments](#) [WCOPO](#) [Log Out](#)



[Customer Maintenance](#)



[Invoice Inquiry](#)



[WCC10 Assessment Report](#)



[Historical Assessments](#)



[WCC10 Calculations](#)



[AssessmentReportNotice](#)

Landing page will help users navigate the WC Assessment application.
Users can click the links or the pics to access the desired pages.

Customer Maintenance

Customer Maintenance Invoice Inquiry Assessment Report Historical Assessments WCOPO Log Out

Customer Maintenance

Employer Type: INS COMPANIES	SI-Number: SI-0000	Active: N
Company Name: TEST COMPANY	Contact: BOB SMITH	
Cert Title: BOB SMITH	Phone 1: (334)555-5555	Phone 2: ()- -
Email 1: ██████████	Email 2:	
Address 1: 123 MAIN ST	Address 2:	
City: MONTGOMERY	State: AL	Zip: 36109-__

Cancel Close Save

1. Customer Maintenance page allows customers to update any information that may have changed.
2. Click Save to continue
3. Click Close to exit Customer Maintenance page and redirect to the Landing page.
4. Click Cancel to cancel any unsaved changes.

WC Invoice Inquiry

Customer Maintenance Invoice Inquiry Assessment Report Historical Assessments WCOPO Log Out

WC Invoice Inquiry

FEIN: [REDACTED]

Invoices: [REDACTED]
17-0346
18-0346
19-0346
20-0347
21-0344

Click the invoice number and click [here to view](#)

Invoice #: 21-0344 Invoice Amt: 280.25 Balance Due: 30.25

[Click Here to Pay the Balance Due](#)
[Past Due Notice](#)

Click here [WCC10 Calculations](#) for an explanation of how the assessment calculation were determined.

[Exit](#) [Logout](#)

1. Invoice Inquiry allows customers to view Invoices.
2. Select invoice number.
3. Click on link “[here to view](#)” selected Invoice.
4. Click on link “[Click here to Pay the Balance Due](#)” of the selected Invoice.

Assessment Notice(Invoice)

Workers' Compensation Assessment Notice

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WORKERS' COMPENSATION ASSESSMENT NOTICE
649 Monroe Street
Montgomery, AL 36131-2250

INVOICE# [REDACTED]
INVOICE DATE [REDACTED]
FEIN# [REDACTED]
GSI# or SIF [REDACTED]

Please provide and/or verify email address and phone:
EMAIL: [REDACTED]
PHONE: [REDACTED]

REPORTED PAID LOSSES BY YOUR COMPANY	\$12.00
REPORTED LOSSES BY ALL COMPANIES	\$683,944,643.00

PROPORTIONATE SHARE OF BASE ASSESSMENT	PRO SHARE:	\$0.00
EACH COMPANY & SUBSIDIARY ASSESSED @ \$250	BASESSED:	\$250.00
CREDIT AMOUNT		
PENALTY DUE FOR LATE FILING OF PAST WCC10	Late Filing Past:	\$0.00
PENALTY DUE FOR LATE FILING OF PRESENT WCC10	Late Filing Present:	\$0.00
PENALTY DUE FOR LATE PAYING OF PAST WCC10	10% Penalty Past:	\$30.25
TOTAL AMOUNT DUE ON OR BEFORE Oct 30, 2021		\$250.00

MAKE CHECKS PAYABLE TO: ADOL WC FUND
PLEASE RETURN A COPY OF INVOICE WITH YOUR PAYMENT
PAYMENT IS DUE BY Oct 30, 2021. 1st FAILURE TO REMIT THE AMOUNT DUE BY THE DUE DATE WILL RESULT IN A PENALTY OF 10% OF THE UNPAID BALANCE.
AN ADDITIONAL 10% PENALTY WILL BE ASSESSED FOR EVERY 30 DAYS THAT THE BALANCE REMAINS UNPAID.
PROVIDERS FAILING TO REMIT PAYMENT WITHIN 60 DAYS MAY LOSE THEIR AUTHORITY TO INSURE WORKERS' COMPENSATION IN THE STATE OF ALABAMA.

REMIT TO: DIRECTOR OF FINANCE
DEPARTMENT OF LABOR
FINANCE DIVISION
649 MONROE STREET
MONTGOMERY, AL 36131-2250

ALABAMA WORKERS' COMPENSATION ACT NUMBER 92-537

1. Open invoice in Excel, PDF, or Word by clicking the diskette icon from here you can print or save invoice.
2. Click the link “back ” to close invoice, this will bring you back to “WC Invoice Inquiry” screen

Assessment Notice Payment

Customer Maintenance Invoice Inquiry Assessment Report Historical Assessments WCOPO Log Out

Workers' Compensation Assessment Notice Payment

Invoice Number:
21-0344

Process Date:
01/13/2022

Invoice Amount:
30.25

Check here if Account Holder's Name is different from the Name below.

Name on the Account
[REDACTED]

Account Type

Corporate Checking
 Corporate Savings
 Personal Checking
 Personal Savings

Routing Number: 123456789 Re-Enter Routing Number: 123456789

Account Number: 987654321 Re-Enter Account Number: 987654321

The total amount of \$ 30.25 will be drafted from this account on 01/13/2022

First Name: John Last Name: Doe

Check here to authorize the payment.

Please only click the submit button 1 time and wait for confirmation page.

1. Enter the required Assessment payment information
2. Check if Account Holder's name is different, then enter Full Name.
3. Select Account type.
4. Enter Routing number and Account number.
5. Enter First and Last names. Then check the authorization box.
6. Once the authorization box is checked, the Submit button will be enabled allowing payment to be submitted.

Assessment Report

Customer Maintenance Invoice Inquiry Assessment Report Historical Assessments WCOPO Log Out

Workers' Compensation WCC10 Assessment Report

2022
WCC 10 ASSESSMENT REPORT
FOR INSURANCE COMPANIES, SELF-INSURERS & GROUP FUNDS
STATE OF ALABAMA
DEPARTMENT OF LABOR
WORKERS' COMPENSATION DIVISION
649 Monroe Street
Montgomery, Alabama 36131
Telephone: (334) 242-2668 Toll Free 1-800-528-5166

INS COMPANIES

Telephone: _____
FEIN: _____

In accordance with the Alabama Workers' Compensation Law, Title 25, Code of Alabama, 1975, as last amended, this report is to be filed with the State of Alabama on or before the first day of March each year. The total expenses reported will be used in the calculation of your assessment.

Compensation:	\$1100	Court Compensation:	\$0
Medical:	\$0	Court Medical:	\$10000
Attorney Fees:	\$20000	Court Attorney Fees:	\$0
Administrative Expenses:	\$0	Court Admin Expenses:	\$0

[Calculate Losses](#)

TOTAL \$ LOSSES:	\$31100	Total Court Settlements:	\$10000
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CERTIFICATION UNDER PENALTY OF PERJURY, I, , being duly sworn, depose, affirm, and verify that the foregoing is a true and correct report of workers compensation payments made in accordance with the Alabama Workers' Compensation Law, as last amended. I further verify and affirm that this report constitutes a true and correct report of payments made by all operations with the state. I understand that the monetary figures and sums certain contained therein will be used to compute the workers' compensation assessment due and payable to the Alabama Workers' Compensation Administrative Trust Fund. I further verify and affirm that I am a duly appointed official of the Company above, in the capacity of and that I am qualified and authorized to sign this report.

Electronic Signature

1. Input the appropriate amount into each classification.
2. Click on “[Calculate Losses](#)” this will generate total loss amount.
3. Input the name and title of person submitting WCC 10 information.
4. The “Electronic Signature” box must be checked to continue.
5. Click Submit
6. Click Print to get a copy for your records.
7. When finished click

Historical Assessment Report

Workers' Compensation Historical WCC10 Assessment Reports

Select Calendar Year 2021

INS COMPANIES
██████████
██████████
██████████
██████████
██████████

Telephone: ██████████
FEIN: ██████████

Compensation: 0.00	Court Compensation:	Total Court Settlements: 0.00
Medical: 12.00	Court Medical:	Total Losses: 12.00
Administrative Expenses: 0.00	Court Admin Expenses:	Sworn Name John Brothers
Attorney Fees: 0.00	Court Attorney Fees:	Work Capacity Sr Analyst

Select a year to view the WCC 10 Assessment Report values.

Assessment Calculations


Customer Maintenance Invoice Inquiry Assessment Report Historical Assessments WCOPO Log Out

Workers' Compensation Assessment Invoice Calculations

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OFFICE OF THE GOVERNOR
KAY IVEY
GOVERNOR



STATE OF ALABAMA

DEPARTMENT OF LABOR
FITZGERALD WASHINGTON
SECRETARY OF LABOR

TO: WHOM IT MAY CONCERN
FROM: Stephen Garret, Director
Alabama Workers' Compensation Division
RE: WCC10 Workers' Compensation Assessment Invoice calculation sheet

The on-line invoice, as authorized by Code of Alabama, Section 25-5-316 (d) through Section 25-5-317 is calculated this way, and is due by **Oct 30, 2021**.

Your company's percentage factor is determined by dividing your company's paid losses (WCC10) by (total losses for all companies) \$683,544,643.00. To calculate your company's proportionate share of the assessment of \$4,000,000.00 see example.

Example:
\$4,000,000.00 - 2021 Assessment as determined by Director
\$254,000.00 - Subtract the total base amount, \$250 times 10% companies
\$3,746,000.00 - Multiply your company's percentage factor to calculate your proportional share of the assessment.

Total due \$250 plus the company's proportionate share of the assessment plus any penalties due.

Payment **MUST** be remitted by Oct 30, 2021 to avoid penalty as provided for in the Code of Alabama Section 25-5-316 (j). Please make checks payable to the ADOL WC FUND.

Please return a copy of the invoice with payment.

If you need additional information concerning the assessment, please contact LaCourtez Banks or Mary Jorgensen. E-Mail: Assessments.WC@Labor.Alabama.Gov or (334) 956-4850

The calculation sheet provides an example of how a company's proportionate share of the assessment is calculated.

Assessment Report Notice


Customer Maintenance Invoice Inquiry Assessment Report Historical Assessments WCCOPO Log Out

Workers' Compensation Assessment Report Notice

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GOVERNOR
STATE OF ALABAMA



DEPARTMENT OF LABOR
FITZGERALD WASHINGTON
SECRETARY OF LABOR

██████████
██████████
██████████
██████████

COLUMBUS OH ██████████

This is a reminder that your WCC10 Assessment Report is due by March 1st.
Late filings will result in a \$25/day penalty.

If you have any problems getting into the portal, please call or email LaCourtez Banks at (334) 954-4716
LaCourtez.Banks@labor.alabama.gov or Mary Jorgensen at (334) 956-4039 Mary.Jorgensen@labor.alabama.gov.

Respectfully,
Stephen Garrett, Director

649 MONROE STREET MONTGOMERY ALABAMA 36131
An Equal Opportunity Employer - Program
Auxiliary aids and services available upon request to individuals with disabilities
Dial 711 for TTY accessibility

Assessment Report Notices will be available to the users on Jan 1st to notify that Assessment reporting is open Jan 1st thru March 1st

Assessment Past Due Notice


Customer Maintenance Invoice Inquiry Assessment Report Historical Assessments WCOPO Log Out

Workers' Compensation Assessment Past Due Notice

[Pay Past Due Notice](#)

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GOVERNOR
STATE OF ALABAMA



DEPARTMENT OF LABOR
FITZGERALD WASHINGTON
SECRETARY OF LABOR

Jan 13 2022
[Redacted]
[Redacted]
[Redacted]
COLUMBUS OH [Redacted]

This is a PAST DUE NOTICE, as of **Jan 13 2022** your company's assessment invoice **21-0344** in the amount of **\$30.25** has not been paid, it was due **Oct 30, 2021**.

In accordance with the Code of Alabama Section 25-5-316(e), a Late Payment Penalty equal to 10% of the unpaid balance has been added to the total amount due. Penalties will be assessed every 30 days that the balance remains unpaid.

If you have paid this invoice earlier than the date of this letter please contact us because your payment is not showing up on our reports.

If you have any questions or concerns please email or call: Assessments.WC@LaborAlabama.Gov, or (334)956-4050.

Respectfully,
-
Workers' Compensation Division
SG:ww

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If an Assessment Invoice has a balance after the Due Date. An Assessment Past Due Notice will be available to the user.