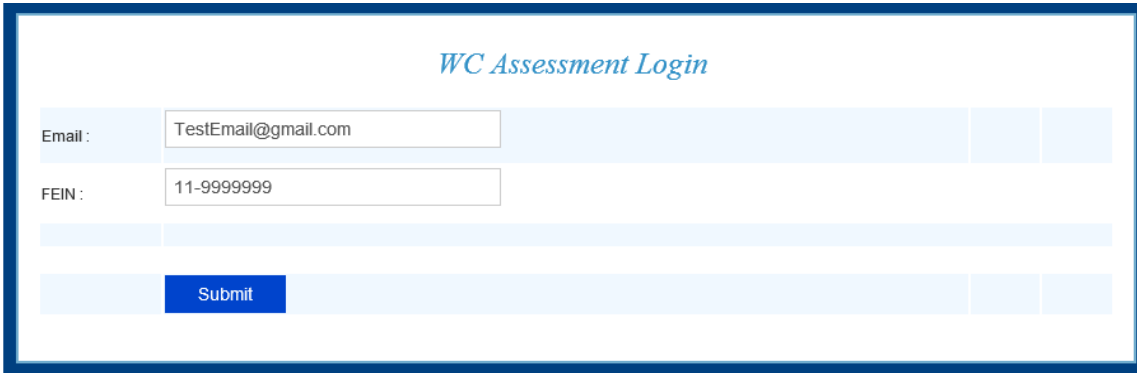



## Assessment Information

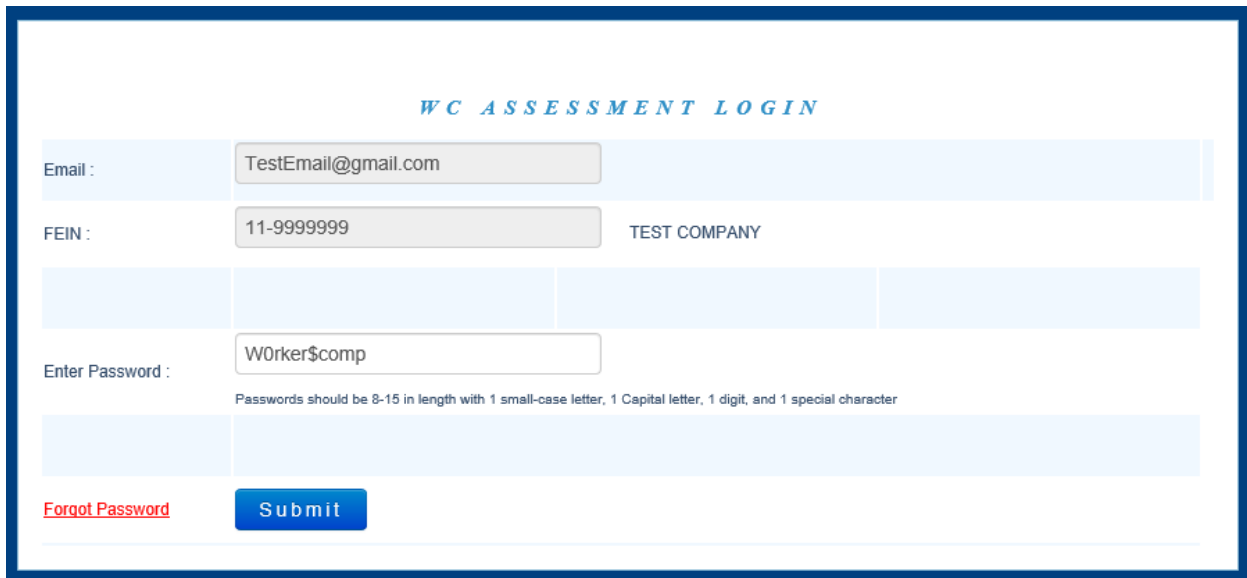
Instructions on submitting WCC 10 Assessment Claims Report.

<https://labor.alabama.gov/wc/assessmentportal/WCAssessmentLogin.aspx>




The screenshot shows the "WC Assessment Login" page. It features a title "WC Assessment Login" in blue italics. Below the title, there are two input fields: "Email:" with the value "TestEmail@gmail.com" and "FEIN:" with the value "11-9999999". A blue "Submit" button is located below the FEIN field. The entire form is enclosed in a blue border.

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



The screenshot shows the "WC ASSESSMENT LOGIN" page. It features a title "WC ASSESSMENT LOGIN" in blue all-caps. Below the title, there are two input fields: "Email:" with the value "TestEmail@gmail.com" and "FEIN:" with the value "11-9999999". To the right of the FEIN field, the text "TEST COMPANY" is displayed. Below these fields, there is a "Enter Password:" field with the value "W0rker\$comp". Below the password field, a note reads: "Passwords should be 8-15 in length with 1 small-case letter, 1 Capital letter, 1 digit, and 1 special character". A red link "Forgot Password" is located to the left of a blue "Submit" button. The entire form is enclosed in a blue border.

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

*WC CUSTOMER MAINTENANCE*

Please update any information that may have changed, then click SAVE to continue

Company Name:	<input type="text" value="TEST COMPANY"/>	EmployerType	<input type="text" value="INS COMPANIES"/>
Address 1	<input type="text" value="123 MAIN ST"/>	SI-Number	<input type="text" value="SI-0000"/>
Address 2	<input type="text"/>		
City	<input type="text" value="MONTGOMERY"/>		
State:	<input type="text" value="AL"/> <input type="button" value="v"/>		
Zip	<input type="text" value="36109"/>		
Contact	<input type="text" value="BOB SMITH"/>	Cert Title	<input type="text" value="BOB SMITH"/>
Phone 1	<input type="text" value="(334)555-5555"/>	Phone 2	<input type="text" value="( ) -"/>
Email 1	<input type="text" value="TESTEMAIL@GMAIL.COM"/>		
Email 2	<input type="text"/>		
Active	<input type="text" value="Yes"/> <input type="button" value="v"/>		

1. Customer Maintenance page allows customers to update any information that may have changed.
2. Click  to continue.

*WC CUSTOMER MENU*

[Customer Maintenance](#)

[View Invoices](#)

[WCC 10 Assessment Report - \(Add New/Edit existing Assessment\)](#)

1. Menu page allows for navigation between Customer Maintenance page, View Invoice pages, and WCC 10 Assessment Report.

**2018  
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) 242-2868 Toll Free 1-800-528-5166**

TEST  
MARY6  
MARY MAY

100 MONROE STREET  
MONTGOMERY, AL 36131  
MARY.JORGENSEN@LABOR.ALABAMA.GOV

Telephone: (334)353-1023  
FEIN: 00-0000006

In accordance with the Alabama Workers' Compensation Law, Title 25, Code of Alabama, 1975, as last amended, this report is to be file 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.

DO NOT INCLUDE NEGATIVE AMOUNTS  
DO NOT DEDUCT SUBROGATION OR REINSURANCE/EXCESS  
WHOLE DOLLAR AMOUNTS - NO DECIMAL OR CENTS

Court:	\$ 32,000,000	Include Legal/Medical Amounts if Unable to Separate into Categories Below
Compensation:	\$ 12,000,000	Do Not Include if in Court Settlement Amount Incudes Claimant Attorney Fees Paid From Proceeds
Medical:	\$ 536,400	Do Not Include if in Court Settlement Amount
Attorney Fees:	\$ 789,432	Defense Attorney Fees
Administrative Expenses:	\$ 156,100	All other Expenses Not Separated into other Categories
	<a href="#">Calculate Losses</a>	
<b>TOTAL \$ LOSSES:</b>	<b>\$ 45,481,932</b>	

CERTIFICATION

UNDER PENALTY OF PERJURY, I,  , being duly sworn, dispose, affirm, and

verify that the forgoing 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

Save

Print

Exit

3/16/2018 10:04:29 AM

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 inforamtion.
4. The "  Electronic Signature " box must be checked to continue.
5. Click
6. Click  to get a copy for your records.
7. When finished click