

Bulletin 04-02

TO: All Workers Compensation Insurers

FROM: Gary Steuck, Director

RE: Workers Compensation Insurance Policy Fee

DATE: May 3, 2004

This Bulletin supercedes Bulletin 93-1.

Every insurance company writing Workers Compensation insurance in South Dakota is required to pay a \$14.00 policy fee for every new and renewal policy written in South Dakota according to SDCL 10-44-2 (4).

An insurer may collect the \$14.00 fee from the policyholder, however the policy declaration page must clearly reflect that this fee is in addition to the total premium.

Payments of the policy fee are to be remitted to the Division of Insurance quarterly. A voucher is enclosed for your reference and duplicates may be made or obtained from our website at <http://www.state.sd.us/drr2/reg/insurance/>.

This payment may not be combined with the remittance of any other taxes or fees. Please send payment and identify that this is for workers compensation and include the number of policies for which the payment is being remitted.

PLEASE USE THE FOLLOWING VOUCHERS WHEN SUBMITTING THE WORKERS COMPENSATION POLICY FILING FEES. SEND TO:

SOUTH DAKOTA DIVISION OF INSURANCE
445 EAST CAPITOL
PIERRE, SD 57501

WORKERS COMPENSATION POLICY
FILING FEE. SEND TO:
SD DIVISION OF INSURANCE
445 EAST CAPITOL
PIERRE, SD 57501

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FILING FEE. SEND TO:
SD DIVISION OF INSURANCE
445 EAST CAPITOL
PIERRE, SD 57501

QUARTER PAYMENT DUE -- SEPT 30TH
NUMBER OF POLICIES _____
TOTAL AMOUNT \$ _____
COMPANY NAME: _____

QUARTER PAYMENT DUE -- DEC 31ST
NUMBER OF POLICIES _____
TOTAL AMOUNT \$ _____
COMPANY NAME: _____

Address: _____
NAIC # _____
Phone: _____

Address: _____
NAIC # _____
Phone: _____

FILING FEE IS \$14.00 PER POLICY

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WORKERS COMPENSATION POLICY  
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**QUARTER PAYMENT DUE -- MAR 31<sup>ST</sup>**  
NUMBER OF POLICIES \_\_\_\_\_  
TOTAL AMOUNT \$ \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_

**QUARTER PAYMENT DUE -- JUN 30<sup>TH</sup>**  
NUMBER OF POLICIES \_\_\_\_\_  
TOTAL AMOUNT \$ \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_

Address: \_\_\_\_\_  
NAIC # \_\_\_\_\_  
Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
NAIC # \_\_\_\_\_  
Phone: \_\_\_\_\_

FILING FEE IS \$14.00 PER POLICY

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