

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

CONSOLIDATED YEARLY REPORT OF MEDICAL ONLY CASES AND

ANNUAL PAYMENTS ON INDEMNITY CLAIMS

File on or before March 1st of following calendar year.

A. INSURER/SELF-INSURER/GROUP FUND		
Insurer/Self-Insurer/Group Fund (do not use acronyms)	SBWC ID# (five digit no.) MANDATORY	Reporting Year
IT IS THE RESPONSIBILITY OF THE INSURER/SELF-INSURER/GROUP FUND TO CONSOLIDATE ALL INDIVIDUAL CLAIMS OFFICE REPORTS INTO ONE REPORT AND SUBMIT YEARLY TO THE STATE BOARD OF WORKERS' COMPENSATION. THE TOTAL NUMBER OF CLAIMS AND TOTAL MONEY REPORTED IS FOR A CALENDAR YEAR JANUARY 1 st TO DECEMBER 31 st . FILE ANNUALLY EVEN IF NO REPORTABLE INJURIES OR PAYMENTS OCCURRED DURING THE REPORTING YEAR.		

B. MEDICAL ONLY CLAIMS INFORMATION (no indemnity has been paid)	
Total Number of New Medical Only Claims this Year	Total Amount Paid on All Medical Only Claims this Year
<input type="checkbox"/> I certify to the best of my knowledge the total payments shown have not been reported as lost time medical on a form WC-4	

C. INDEMNITY CLAIMS INFORMATION	
Total Amount of All Income Benefits Paid On Indemnity Claims This Year	
Total Number of New Indemnity Claims This Year	
Total Amount of All Temporary Total Income Benefits Paid This Year	
Total Amount of All Temporary Partial Income Benefits Paid This Year	
Total Amount of All Permanent Partial Income Benefits Paid This Year	
Total Medical Paid on All Indemnity Claims This Year (Do not include hospital payments)	
Total Hospital payments on All Indemnity Claims This Year	

Insurer/Self Insurer/Group Fund (Type or Print Name of Person Filing Form)	Signature	Date
Address of Insurer/Self Insurer/Group Fund (not the claims office)		
Phone Number and Ext	E-mail	

Mail to: State Board of Workers' Compensation, 270 Peachtree St, NW, Atlanta, GA 30303-1299

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbcw.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. § 34-9-18 AND § 34-9-19).

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

This form must be filed on or before March 1 following each calendar year by the Insurer/Self-Insurers/Group Fund. It is due even if no reportable injuries or payments occurred during the reporting year. If you are no longer active, and all your runoff claims have been closed, make note of this on the form.

SECTION A

Insurer/Self-Insurer/Group Fund – Mandatory Information

1. Insurer/Self-Insurer/Group Fund Name – as it was reported to the Board (**no acronyms**)
2. SBWC ID number (five digit number) – (**NOT the NAIC number**). See our website <https://sbwc.georgia.gov> to verify your number.
3. Reporting Year – the calendar year immediately before the current year

SECTION B

Medical Only Claims Information

1. Total Number of Medical Only Claims This Year – List the number of Medical Only claims that occurred in the reporting year. (**Enter zero when no claims were reported.**)
2. Total Amount Paid on Medical Only Claims This Year – List the total amount paid on Medical Only claims in the reporting year for all dates of injury. (**Enter zero when no claims were paid.**)

SECTION C

Indemnity Claims Information

1. Total Amount of Income Benefits Paid on Indemnity Claims This Year – List all types of income benefits paid on indemnity claims in the reporting year for all dates of injury. (**Enter zero when no income benefits was paid.**)
2. Total Number of Indemnity Claims This Year – List the total number of indemnity claims that occurred in the reporting year. (**Enter zero when no claims were reported.**)
3. Total Amount of Temporary Total Benefits Paid This Year – List all TTD benefits paid on indemnity claims in the reporting year for all dates of injury. Settlement and Death benefits are shown here. (**Enter zero when no TTD was paid.**)
4. Total Amount of Temporary Partial Benefits Paid This Year – List all TPD benefits paid on indemnity claims in the reporting year for all dates of injury. (**Enter zero when no TPD was paid.**)
5. Total Amount of Permanent Partial Benefits Paid This Year – List all PPD benefits paid on indemnity claims in the reporting year. (**Enter zero when no PPD was paid.**)
6. Total Medical Paid on Indemnity Claims This Year – List total medical benefits paid on indemnity claims in the reporting year for all dates of injury. (**Enter zero when no medical was paid.**)
7. Total Hospital Paid on Indemnity Claims This Year – List total hospital benefits paid on indemnity claims in the reporting year for all dates if injury. (**Enter zero when no hospital was paid.**)

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