



**MAINE WORKERS' COMPENSATION BOARD**  
**WORKERS' COMPENSATION QUARTERLY REPORT - FY2024**

For the Fourth Quarter ending June 30, 2024

(This report covers the period 04-01-2024 through 06-30-2024)

Insurance Company or Association: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Insurer Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**THIS REPORT IS NOW AVAILABLE AS A FILLABLE FORM AT <http://www.maine.gov/wcb/Departments/businessservices/index.html>**

|    |  | FY 2019 - AUDITS<br>(7-1-18 / 6-30-19)<br>2.77% | FY 2020 - AUDITS<br>(7-1-19 / 6-30-20)<br>2.76% | FY 2021 - AUDITS<br>(7-1-20 / 6-30-21)<br>2.63% | FY 2022-AUDITS<br>(7-1-21 / 6-30-22)<br>2.66% | FY 2023-AUDITS<br>(7-1-22/6-30-23)<br>2.48% | FY 2024<br>(7-1-23 / 6-30-24)<br>2.34% |
|----|--|---|---|---|---|---|--|
| 1. | Gross Employers' Premium Base:<br>(Gross Payroll x manual rate x experience modification factor)   |   |   |   |   |   |  |
| 2. | Less Credits for \$1,000 and \$5,000 indemnity deductible(s) and in other reasonable amounts: (Pursuant to Title 24-A, Sections 2385 & 2385-A) |   |   |   |   |   |  |
| 3. | Less Credits for \$250 and \$500 medical deductible(s) per occurrence: (Pursuant to Title 24-A, Sections 2385 & 2385-A)                        |   |   |   |   |   |  |
| 4. | Total Deductions (Total Lines 2 and 3):  |   |   |   |   |   |  |
| 5. | Net Assessment Base (Line 1 minus Line 4):   |   |   |   |   |   |  |
| 6. | Sub-Total Amount Due (Line 5 times %):   |   |   |   |   |   |  |
|    | <b>Total Amount Due</b><br>(Total of all amounts payable this Quarter in line 6) *   |   |   |   |   |   |  |

\* Insurers paying the annual estimate (assessments less than \$50,000) are not required to make a quarterly payment for the current fiscal year. Any additional premiums collected as a result of audits for prior years must be multiplied by the appropriate rate and any payment due must be submitted with this report. See 39-A M.R.S.A §154 (3) (B-1).

**NOTE:** For policies written using retrospective rating and large deductibles, the premium base must be calculated in accordance with the above regardless of the actual retrospective premium calculation.

**MAKE CHECKS PAYABLE TO TREASURER, STATE OF MAINE**

**Mail To:** Maine Workers' Compensation Board. U.S. Mail address: 27 State House Station, Augusta, Maine 04333-0027. Other carriers (FedEx, UPS) 442 Civic Center Dr, Ste 100, Augusta ME 04330.

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