



MAINE WORKERS' COMPENSATION BOARD
39-A M.R.S.A. SECTION 154 (3)
ADMINISTRATIVE FUND ASSESSMENT
For the Fiscal Year Ended June 30, 2026
(Applicable Assessment Rate: 2.75% for July 1, 2025 - June 30, 2026)

Insurance Company or Association: _____
Contact Person: _____
Remittance Address: _____

Date Submitted: _____
Telephone Number: _____
E-Mail Address: _____
Fax Number: _____

Signature of Certifying Official: _____

Name & Title of Certifying Official: _____

ANNUAL RECONCILIATION REPORT OF PREMIUMS WRITTEN

		FY 2026 (7-1-2025 / 6-30-2026) 2.75%
1.	Gross Employers' Premium Base for FY 2026: (Gross Payroll x manual rate x experience modification factor)	
2.	Less Credits for \$1,000 and \$5,000 indemnity deductible(s) per claim and in other reasonable amounts: (Pursuant to Title 24-A, Sections 2385 & 2385-A)	
3.	Less Credits for \$250 and \$500 medical deductible(s): (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.	Total Amount Due (Line 5 times applicable percentage rate):	
7.	Total Amount Previously Remitted: (see note on reverse side of form)	
8.	Amount Additionally Owed to the Board, if any, for FY 2026 (if Line 6 is greater than Line 7)	
9.	Amount Due Insurance Carrier, if any, for FY 2026 (if Line 7 is greater than Line 6)	

(See reverse side of form for instructions.)

For Board Use Only Audits	FY 2026 Assessment Paid				
	June Payment				
	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Total

PLEASE MAKE CHECKS PAYABLE TO TREASURER STATE OF MAINE

Mail address: 27 State House Station, Augusta, Maine 04333-0027/Physical Address: 442 Civic Center Drive, Suite 100, Augusta, Maine 04330

Telephone: 207-287-7084; TTY Maine Relay 711; Fax/207-287-7198; E-Mail/ AssessmentReporting.WCB@Maine.gov

**MAINE WORKERS' COMPENSATION BOARD
ADMINISTRATIVE FUND ASSESSMENT
ANNUAL RECONCILIATION
FISCAL YEAR 2026**

A reconciliation based on actual premiums written (net of allowed deductibles) shall be made by each insurance company or association subject to the Maine Workers' Compensation Board's Administrative Fund assessment pursuant to 39-A M.R.S.A. §154 on or before September 15 of each year. Any amount additionally owing as a result of this reconciliation shall be remitted to the Maine Workers' Compensation Board together with the reconciliation. If the calculation results in an overpayment a refund shall be issued.

Title 39-A, Section 154 defines employer's premium base as the payroll times the filed manual rate applicable to the employer times the employer's current experience modification factor, if applicable. The calculation may not include any deductible credit, other than credits for the \$1,000 and \$5,000 indemnity deductibles and the \$250 and \$500 medical deductibles established pursuant to Title 24-A, sections 2385 and 2385-A. For policies written using retrospective rating, the premium base must be calculated in accordance with this paragraph regardless of the actual retrospective premium calculation."

This reconciliation for fiscal year 2026 premiums only. It does not include audit payments or credits that are related to prior fiscal years, even if the audit payment or credit was made during fiscal year 2026 (July 1, 2025 – June 30, 2026).

IMPORTANT NOTE: The Annual Reconciliation must be certified (signed) by the company or association's Chief Financial Officer. Title 39-A M.R.S.A. §154 (3) (D). If you have questions regarding this requirement please contact Bryan Ouellette prior to submitting your Annual Reconciliation.

The Board's United States Postal Service mail address is: 27 State House Station, Augusta ME 04333-0027. For FedEx, UPS or other delivery service send mail to: 442 Civic Center Drive, Suite 100, Augusta, Maine 04330.