



INDUSTRIAL COMMISSION OF ARIZONA
800 W WASHINGTON STREET
PHOENIX, ARIZONA 85007
(602) 542-4661
SELF-INSURED INJURY REPORT FOR 2018

Self-Insured Name: [Text Box]

Period covered: [Text Box] To [Text Box]

Each claim must be included in one, and only one, of the three claim categories: \$10,000 and over; \$9,999 and under (medical & indemnity); and \$1,999 and under MEDICAL ONLY. For example, if a claim has a total incurred of \$1,999 and under, but has \$500 indemnity listed, it must be included in the \$9,999 and under category, not the \$1,999 and under category. The \$1,999 category is only for those claims with medical expenses only, no indemnity.

Table with columns: (A) CLAIMS \$10,000 AND OVER, MEDICAL, INDEMNITY, Enter As Negative, Total Columns (C+D+E+F+G). Sub-headers include List alphabetically by Last Name, Column B, Column C, Column D, Column E, Column F, Column G, and Total Amount Incurred.

This form will not be considered complete without the required Excel file provided electronically. The Excel file may be emailed to taxes@azica.gov. However, the signature page must be electronically signed and submitted.

Download Self Insured Annual Injury Report Excel File

Summary table with columns: Column C, Column D, Column E, Column F, Column G, Total Columns (C+D+E+F+G). Rows include (I) Claims \$1,999 or less Medical only, (J) Claims \$9,999 or less Medical and/or Indemnity, and (K) Total all claims.

I certify this report is a true and complete for the period stated.

Officer Signature: [Text Box]
Officer Name: [Text Box]
Officer Title: [Text Box]
Date of Officer Signature: [Text Box]
Name and Title of Person completing this form if different than above: [Text Box]
Date Form Submitted: [Text Box]

Submitter Email Address: [Text Box]
Alternative Email Address: [Text Box]
Primary Phone Number: [Text Box]
Alternative Phone Number: [Text Box]
Fax Number: [Text Box]
TPA Name: [Text Box]
TPA Phone Number: [Text Box]