



**INDUSTRIAL COMMISSION OF ARIZONA**  
 800 W WASHINGTON STREET  
 PHOENIX, ARIZONA 85007  
 (602) 542-4661  
**SELF-INSURED INJURY REPORT FOR 2019**

Self-Insured Name:

Period covered:  To

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.**

(A) CLAIMS \$10,000 AND OVER					MEDICAL		INDEMNITY		Enter As Negative	Total Columns (C+D+E+F+G)	
Rehab Y/N	List alphabetically by Last Name		DOI	Nature of Injury	Column B Claim #	Column C Paid	Column D Outstanding	Column E Paid	Column F Outstanding	Column G SUBROGATIONS & RECOVERIES	Total Amount Incurred
<p>This form will not be considered complete without the required Excel file provided electronically. The Excel file may be emailed to <a href="mailto:taxes@azica.gov">taxes@azica.gov</a>. However, the signature page must be electronically signed and submitted.</p> <p><a href="#">Download Self Insured Annual Injury Report Excel File</a></p>											
(G) Total Claims \$10,000 and over											

	Column C	Column D	Column E	Column F	Column G	Total Columns (C+D+E+F+G)
(I) Claims \$1,999 or less <b>Medical only</b> (If included here, do not include in Line J)						
(J) Claims \$9,999 or less <b>Medical and/or Indemnity</b> :						
(K) Total all claims:						

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

Officer Signature:

Officer Name:

Officer Title:

Date of Officer Signature:

Name and Title of Person completing this form if different than above:

Date Form Submitted:

Submitter Email Address:

Alternative Email Address:

Primary Phone Number:

Alternative Phone Number:

Fax Number:

TPA Name:

TPA Phone Number: