

NŠATION SURPLUS DISTRIBUTION REQUEST

VÖRKERS'

In order to receive authorization for a surplus distribution, the following form must be completed and returned to: Insurance Unit, Division of Workers' Compensation (DWC), P.O. Box 58, Jefferson City, MO 65102-0058. All surplus distributions must have prior approval from the DWC before disbursement. If you have questions, please call 573-526-3692 for assistance.

Group Trust Name			
Term (Trust Year)			
Amount of Surplus Distribution Requested			
1.	Premium Paid by Trust Members*		
2.	Investment Income*		
3.	Sum of 1 and 2*		
4.	Losses and Loss Adjustment Expenses Paid		
5.	Administrative Expenses		
6.	Reserves**		
7.	IBNR**		
8.	Prior Surplus Distribution		
9.	Sum of 4, 5, 6, 7, and 8		
10.	Surplus Monies		
11.	Surplus Monies Remaining after Surplus Dist		
12.	. Number of Open Cases		
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* Premium paid by trust members and investment income must be supported by an attached income statement.

** Reserves and IBNR must be accompanied by an actuarial opinion.

(Completed By)

(Date)

Missouri Division of Workers' Compensation is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711