DIVISION OF WORKERS' COMPENSATION

Issued by MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS, DIVISION OF WORKERS' COMPENSATION

# SELF-INSURER'S STATEMENT OF OUTSTANDING LOSSES

Note - Include all open cases including all med only.



| State Injury Number | Indicate PTD or Death Claims PTD = PTD D = Death | Name of Insured or Deceased | Date of Accident or Death | Average Weekly Wage at the Time of the Accident | Weekly Compensation | Nature of Injury | Probable Future Duration In Weeks | Estimated Total Future Payments F = Final Award E = Estimate | | Excess Carrier Paying on Claims (Y/N) |
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_____ (Name), being duly sworn, says that he/she is the _____ (Title) of _____ (Employer's Legal Name).

the employer that is responsible for death benefits or workers' compensation benefits due under the Missouri Workers' Compensation Law Chapter 287 RSMo and rules applicable thereto; that the foregoing statement is true to the best of his/her knowledge, information and belief after careful investigation and examination of the employer's books; that it comprises all claims for death benefits and for workers' compensation benefits now existing against said employer so far as he/she knows or has been able after diligent inquiry to find out, and that the ages of claimants, the amounts payable per week and the nature of disability, are in each instance correctly stated so far as possible from information at hand and that the estimated probable duration of disability is based upon a careful review of each individual case within two weeks of signing this form.

Sworn to me, this _____ Day of _____ Year _____

Employer Signature _____

Notary Signature _____

Notary Seal or Stamp

NOTE - Self-insurers must include on this form every outstanding claim whether or not an award has been made.
Make notation as to the disposition of any death or disability case previously reported and omitted from this report.
This report to be executed in the name of the self-insured firm or individual.

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