



Total Number Of Employees	
Total Payroll	\$
1. Total Of Payroll Premium Equivalents	\$
2. Premium Equivalent less Deductible, if applicable (see attachment 4), is the Subject Premium. Hazard Group Discounts: <ul style="list-style-type: none"> <li>• 1 = 32.9 %      • 4 = 21.3 %      • 7 = 13.2 %</li> <li>• 2 = 28.1 %      • 5 = 18.0 %</li> <li>• 3 = 25.8%      • 6 = 15.4 %      _____%</li> </ul>	\$
3. Subject Premium times NCCI Experience Mod = Modified Premium _____	\$
4. Modified Premium times Rating discount of <b>10.0 %</b> = Standard Premium	\$
5. Surcharge Premium: The standard premium minus the discount described below is the Surcharge Premium. <ul style="list-style-type: none"> <li>• If standard premium (amount on line 4 above) is less than \$100,000, discount is <b>9.1%</b>;</li> <li>• If standard premium is greater than \$100,000 and less than \$775,000, discount is <b>11.3%</b>;</li> <li>• If standard premium is greater than \$775,000, discount is <b>12.3%</b>.</li> </ul> Standard premium minus this discount becomes the Surcharge Premium. _____%	\$
6. Surcharge Premium times rate ( <b>1.45%</b> ) = surcharge due	\$

**(The assessment of 1.45% is the combined total of two separate surcharges: the Major Medical and Subsequent Injury Funds at 0.10%; and the Cash Fund at 1.35%)**

We, the undersigned President and Secretary (or other chief officers or agents) of the corporation for which this return is made, being severally duly sworn, each for himself/herself, deposes and says that this return has been examined by him/her and is to the best of his/her knowledge, information and belief, a true, correct and complete return made pursuant to provisions of The Colorado Workers' Compensation Act, Colorado Revised Statutes, Sections 8-44-112, 8-46-102 and 8-46-202.

Notary Seal

Corporate Seal

\_\_\_\_\_  
President or Chief Officer

\_\_\_\_\_  
Secretary or Chief Agent

Subscribed and sworn before me this  
day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

Notary Public \_\_\_\_\_

(      )  
\_\_\_\_\_  
Phone Number

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Email

Mail to:  
Division of Workers' Compensation  
633 17<sup>th</sup> Street, Suite 900  
Denver, CO 80202  
Ph: 303-318-8767 F: 303-318-8778

\_\_\_\_\_  
Block #