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)

State OF _____

County OF _____

Page Total or Grand Total *(Grand Total Required)* $ _____ -

Total of All Pages $ _____ -

_____ (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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