

2024

Workers' Compensation Trust Self-Insurance Annual Reporting

If you have served on active duty in the Armed Forces of the United States and would like information about veterans' services and benefits, please complete the survey here: mvc.dps.mo.gov/MoVeteransInformation/Survey/DOLIR.

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



MEMORANDUM

TO: Self-Insurance Group Trust Administrators

FROM: Missouri Division of Workers' Compensation – Insurance Unit

SUBJECT: Workers' Compensation Group Trust Self-Insurance Annual Reporting
2024 Annual Report for Self-Insured Trusts

In keeping with the Rules Governing Self-Insurance, 8 CSR 50-3.010 (6)(A), self-insured group trusts need to complete the enclosed 2024 Annual Report for Self-Insured Trusts WC-135 form [8 pages] and provide the following information to the Division of Workers' Compensation (Division):

- a) General Information
- b) Trustee Information
- c) Calendar Year Data
- d) Cash and Investments as of December 31, 2024
- e) Incurred But Not Reported (IBNR) Surplus Report
- f) Claim Development Report

All group trusts, active and terminated, must complete the WC-135 form as long as there are active claims. The information contained in this report is to be based on the 2024 calendar year.

All Division forms are on our website at labor.mo.gov/DWC. The direct website to obtain this form is labor.mo.gov/pubs-and-forms/WC-135-AI.

Please note that the Division has a way to submit the WC-135 form via an electronic mail box (Box). There is no cost to the trust associated with setting up a Box account. The Instructions for setting up a Box account are indicated below:

- 1) Email DWCCGroupTrust@labor.mo.gov. Please include all authorized email addresses for the Trust to be allowed access to upload and download the filings, electronically to the Division.
- 2) You will receive an invitation to create your Box account for each email submitted. The invite will come from Patrick Brandt inviting you to collaborate on Box. Please accept the invite that appears below the name of your Trust.
- 3) Once the Box account is created, you will be granted authority to upload and download the filings you are submitting into your Trust folder.

You have the option of submitting the completed WC-135 form to the Division of Workers' Compensation via Box or by email at DWCCGroupTrust@labor.mo.gov.

This form must be completed and returned to our office by May 31, 2025. Additionally, note the Rules Governing Self-Insurance 8 CSR 50-3.010 (6)(A)1, require group trusts to file annual financial reports within 150 days after the close of the trust's fiscal year. The documentation or reports that need to be submitted annually and quarterly to the Division are available on our website.

The Division continues to conduct audits relating to safety, claims and any other audits deemed necessary and appropriate by the Division as provided in 8 CSR 50-3.010 (9)(A). The Division has enjoyed working with you during the past year, and we look forward to continued success for the upcoming year. Should you have any questions or need any assistance regarding the above information, please contact the Insurance Unit at 573-526-3540.

Enclosures

GENERAL INFORMATION

1. GROUP TRUST

Name of Group Trust or Other Group Self-Insured		
Executive Director (if applicable)		Phone Number
Address	City, State, ZIP Code	
Type of Group Trust (heterogeneous, homogeneous, or Chapter 537)	Broker (if applicable)	

2. SPONSORING ASSOCIATION *(If Applicable)*

Name of Sponsoring Association	
Address	City, State, ZIP Code

3. PLAN ADMINISTRATOR

Name of Plan Administrator		Phone Number
Contact Name and Title	Email	
Address	City, State, ZIP Code	
Location of Books & Claim Records		

4. CLAIMS ADMINISTRATOR

Name of Claims Administrator		Phone Number
Contact Name and Title	Email	
Address	City, State, ZIP Code	

5. ACTUARIAL INFORMATION

Name of Actuary		Phone Number
Contact Name	Email	
Address	City, State, ZIP Code	

6. CERTIFIED PUBLIC ACCOUNTANT INFORMATION

Name of Certified Public Accountant		Phone Number
Contact Name	Email	
Address	City, State, ZIP Code	

7. SAFETY (In house contact)

Name of Safety Manager/Administrator		
Phone Number	Email	
Address	City, State, ZIP Code	

Do you use an outside safety consultant? ☐ Yes ☐ No
(If "Yes," please complete the following information.)

Name of Safety Consultant		
Phone Number	Email	
Address	City, State, ZIP Code	

TRUSTEE INFORMATION

BOARD OF TRUSTEES

The Rules Governing Self-Insurance, 8 CSR 50-3.010 (7), require the board of trustees to have at least five (5) persons elected from membership of the trust, association, or organization for stated terms of office, to direct the administration of the trust. Please provide information for trustees.

Name of Trustee/Chairperson	Email	
Member Affiliation	Phone Number	
Address	City, State, ZIP Code	

Name of Trustee/Vice-Chairperson	Email	
Member Affiliation	Phone Number	
Address	City, State, ZIP Code	

Name of Trustee/Secretary	Email	
Member Affiliation	Phone Number	
Address	City, State, ZIP Code	

Name of Trustee/Treasurer	Email	
Member Affiliation	Phone Number	
Address	City, State, ZIP Code	

Name of Trustee	Email	
Member Affiliation	Phone Number	
Address	City, State, ZIP Code	

Name of Trustee	Email	
Member Affiliation	Phone Number	
Address	City, State, ZIP Code	

Name of Trustee	Email	
Member Affiliation	Phone Number	
Address	City, State, ZIP Code	

Please attach additional pages if there are more trustees on the Board of Directors. Make sure to include all of the information above for each additional trustee.

CALENDAR YEAR DATA

As of 12-31-2024

1. REPORTING YEAR 2024 SURPLUS ESTIMATE

As of 12-31¹

Earned Annual Premium ²	
Claims Paid <i>(for injuries with dates of injury within the calendar year)</i>	
Claims Reserves <i>(for injuries with dates of injury within the calendar year)</i>	
Incurred But Not Reported (IBNR) <i>(for injuries with dates of injury within the calendar year)</i>	
Total Administrative Expenses Including Taxes	
Estimated Surplus ³	

2. MISCELLANEOUS INFORMATION

As of 12-31

Total Number of Trust Members	
Total Number of Employees of Current Trust Members	
Average Monthly Payroll of Trust Members	
Loss Ratio ⁴	
Administrative Expense Ratio	
Estimated Premium if Insured on Open Market	
Federal Employers Identification Number (FEIN) ⁵	

¹ Will require conversion if fiscal year is not a calendar year.

² Earned Annual Premium (EAP) – EAP is computed by applying the appropriate payroll code classification rates to the trust member’s annual payroll and multiplying the results by the experience modification factors of the trust members as developed by the advisory organization approved by the Department of Insurance and including any other discounts and surcharges.

³ Earned Annual Premium minus Claims Paid minus Claims Reserves minus Incurred But Not Reported (IBNR) minus Total Administrative Expenses Including Taxes should equal Estimated Surplus.

⁴ Loss Ratio – Total sum of claims paid and claims reserves and dividing the results by earned annual premium.

⁵ Federal Employer Identification Number (FEIN) – If your trust has not obtained a FEIN, please state “n/a”.

CASH & INVESTMENTS as of 12-31-2024

The Rules Governing Self-Insurance 8 CSR 50-3.010 (7)(B) limit the type of investment activity for self-insured trusts to: U.S. Treasury Bills, Notes or Bonds, Certificates of Deposits issued by a duly chartered commercial bank, or a transaction account of the designated depository. Please complete the following investment schedule:

INVESTMENT SCHEDULE

Investment Type	Purchase Price	Current Fair Market Value
U.S. Treasury Bills		
U.S. Treasury Bonds		
U.S. Notes		
Certificates of Deposits		
Total		

Upon Division approval, Chapter 287.280.6 RSMo permits up to 100 percent of *surplus money* from a prior trust year to be invested in securities designated by the Office of State Treasurer as acceptable collateral to secure state deposits pursuant to section 30.270.1, RSMo. Please complete the following investment schedule. List any securities or investments not listed in the investment schedule above.

INVESTMENT SCHEDULE

Investment Type	Purchase Price	Current Fair Market Value
Total		

Funds in Transaction Account(s)	\$
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You may attach additional sheets, if necessary.

INCURRED BUT NOT REPORTED (IBNR) AND SURPLUS REPORT

CUMULATIVE IBNR AT YEAR END

Years in which claims were incurred	As of 12/31/2014	As of 12/31/2015	As of 12/31/2016	As of 12/31/2017	As of 12/31/2018	As of 12/31/2019	As of 12/31/2020	As of 12/31/2021	As of 12/31/2022	As of 12/31/2023	As of 12/31/2024
Prior to 2015											
2015	X										
2015	X	X									
2017	X	X	X								
2018	X	X	X	X							
2019	X	X	X	X	X						
2020	X	X	X	X	X	X					
2021	X	X	X	X	X	X	X				
2022	X	X	X	X	X	X	X	X			
2023	X	X	X	X	X	X	X	X	X		
2024	X	X	X	X	X	X	X	X	X	X	
Total all years											

CUMULATIVE SURPLUS AT YEAR END

Years in which claims were incurred	As of 12/31/2014	As of 12/31/2015	As of 12/31/2016	As of 12/31/2017	As of 12/31/2018	As of 12/31/2019	As of 12/31/2020	As of 12/31/2021	As of 12/31/2022	As of 12/31/2023	As of 12/31/2024
Prior to 2015											
2015	X										
2015	X	X									
2017	X	X	X								
2018	X	X	X	X							
2019	X	X	X	X	X						
2020	X	X	X	X	X	X					
2021	X	X	X	X	X	X	X				
2022	X	X	X	X	X	X	X	X			
2023	X	X	X	X	X	X	X	X	X		
2024	X	X	X	X	X	X	X	X	X	X	
Total all years											

CLAIM DEVELOPMENT REPORT

CUMULATIVE PAID CLAIMS AND ALLOCATED EXPENSES AT YEAR END

Years in which claims were incurred	As of 12/31/2014	As of 12/31/2015	As of 12/31/2016	As of 12/31/2017	As of 12/31/2018	As of 12/31/2019	As of 12/31/2020	As of 12/31/2021	As of 12/31/2022	As of 12/31/2023	As of 12/31/2024
Prior to 2015											
2015	X										
2015	X	X									
2017	X	X	X								
2018	X	X	X	X							
2019	X	X	X	X	X						
2020	X	X	X	X	X	X					
2021	X	X	X	X	X	X	X				
2022	X	X	X	X	X	X	X	X			
2023	X	X	X	X	X	X	X	X	X		
2024	X	X	X	X	X	X	X	X	X	X	
Total all years											

CUMULATIVE RESERVES AT YEAR END

Years in which claims were incurred	As of 12/31/2014	As of 12/31/2015	As of 12/31/2016	As of 12/31/2017	As of 12/31/2018	As of 12/31/2019	As of 12/31/2020	As of 12/31/2021	As of 12/31/2022	As of 12/31/2023	As of 12/31/2024
Prior to 2015											
2015	X										
2016	X	X									
2017	X	X	X								
2018	X	X	X	X							
2019	X	X	X	X	X						
2020	X	X	X	X	X	X					
2021	X	X	X	X	X	X	X				
2022	X	X	X	X	X	X	X	X			
2023	X	X	X	X	X	X	X	X	X		
2024	X	X	X	X	X	X	X	X	X	X	
Total all years											