



How To Guide

Assessment Surcharge Reporting & Remittance

Version 1.0, dated August 20, 2019



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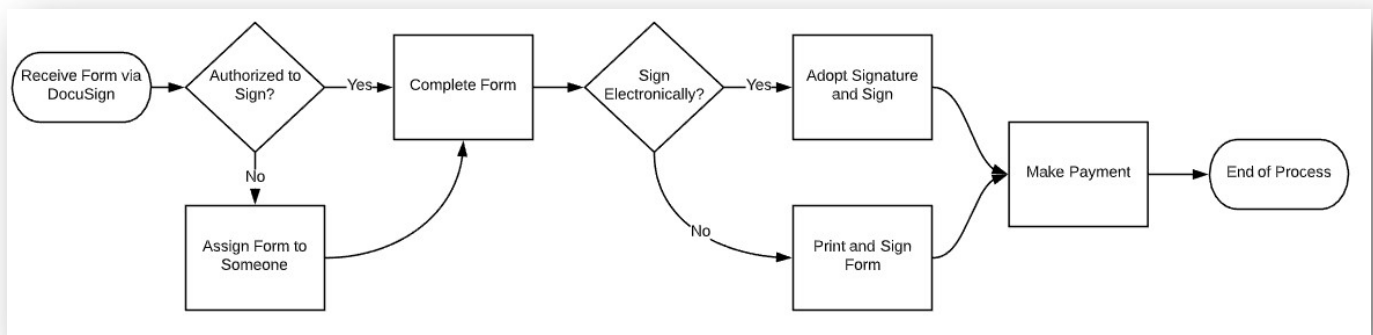
Introduction:

The purpose of this Guide is to help members understand how to file their Quarterly Surcharge Remittance Form ("Form"). FWCIGA designed this process with the members in mind to make the reporting and remittance process simple to use and efficient for FWCIGA's staff to track completion of Forms and collection of funds remitted. DocuSign is the application that makes this all happen seamlessly.

Process Overview

We understand not all members share the same approval policy. With DocuSign, member companies can either simply complete the automated reporting process or "Print and Sign" a hard copy of the Form for those members that choose not to sign electronically. What if you receive this our email notice and you are not authorized to sign and submit? Well, DocuSign has that covered too with a feature to assign the electronic form to someone else through DocuSign to complete. This Guide will help you navigate through our reporting process efficiently while remaining compliant with any internal reporting practices your company may have.

Before we diving into the step by step process, here is high level view how FWCIGA reporting and remittance process works. After you submit our Form, don't forget to make a payment!



How to Submit a Quarterly Surcharge Remittance

Our basic process that the majority of our members will follow to submit Form is explained below.

Step 1: To begin the reporting process, open email and click on REVIEW DOCUMENTS.

DocuSign NA3 System <dse_NA3@docusign.net>

Please DocuSign: FWCIGA Quarterly Surcharge Remittance Due 4/30/2020

DocuSign



Assessments sent you a document to review and sign.

REVIEW DOCUMENTS



Assessments

Assessments@agfgroup.org

Please click on REVIEW DOCUMENTS to complete and sign. If you are not the appropriate individual, simply assign the document to someone else under Other Actions after clicking REVIEW DOCUMENTS. Please contact FWCIGA at (850)386-9200 if you need further assistance. Thank you for the opportunity to serve you.

Step 2: Click checkbox to agree to sign electronically. Later you will be able to Print and Sign if your company's approval policy doesn't allow you to sign electronically.

Assessments
American Guaranty Fund Group

Please click on REVIEW DOCUMENTS to complete and sign. If you are not the appropriate individual, simply assign the document to someone else under Other Actions after clicking REVIEW DOCUMENTS. Please contact FWCIGA at (850)386-9200 if you need further assistance. Thank you for the opportunity to serve you.

[View Less](#)

☒ Please read the [Electronic Record and Signature Disclosure](#).
☐ I agree to use electronic records and signatures.

[CONTINUE](#) [OTHER ACTIONS](#)

DocuSign Envelope ID: 8EEBA0E1-ECD1-4E76-B4F8-F7F79759BEB

FWCIGA
FLORIDA WORKERS' COMPENSATION
INSURANCE GUARANTY ASSOCIATION

Quarterly Surcharge Remittance

COMPANY NAME: Ascendant Commercial Ins Inc		NAIC: 13683
ADDRESS: 2199 Ponce de Leon Blvd	CONTACT NAME: Corey Neal	
ADDRESS 2: Suite 500	TITLE: Chief Operating Officer	
CITY: Coral Gables	PHONE NUMBER: 850-555-1234	
STATE: FL	ZIP: 33134	EMAIL: cneal@agfgroup.org

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
969 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docusign.com

Step 3: Verify and update company and contact information.

FWCIGA
FLORIDA WORKERS' COMPENSATION
INSURANCE GUARANTY ASSOCIATION

Quarterly Surcharge Remittance

START

COMPANY NAME: Ascendant Commercial Ins Inc		NAIC: 13683
ADDRESS: 2199 Ponce de Leon Blvd	CONTACT NAME: Corey Neal	
ADDRESS 2: Suite 500	TITLE: Chief Operating Officer	
CITY: Coral Gables	PHONE NUMBER: 850-555-1234	
STATE: FL	ZIP: 33134	EMAIL: cneal@agfgroup.org

Step 4: Enter Direct Premium Collected, Deductible Premium Adjustments, and Retrospective Policy Premiums Adjustments, if any.

REPORTING QUARTER:	ASSESSMENT YEAR Policy Effective (Inception) Date Range	ASSESSMENT CALCULATION (See Instructions)
01/01/2020 - 03/31/2020	1/1/2020 - 12/31/2020	
(1) Direct Premiums Collected		
(2) Deductible Policy Premium Adjustments		
(3) Retrospective Policy Premiums Adjustments		
(4) PREMIUM SUBJECT TO SURCHARGE (1 + 2 + 3)		0
(5) ASSESSMENT/ SURCHARGE RATE		0.01
TOTAL ASSESSMENT SURCHARGE COLLECTED & REMITTED (4 * 5)		0


Step 5: Click checkbox if you plan not to write workers' compensation during the Assessment Year.

Please read the statement below and complete the checkbox if the company indicated above will not write any Workers' Compensation premium during this Assessment period.

☐ I confirm that the above company will not write Workers' Compensation premium during this Assessment Year. I understand that subsequent Quarterly Surcharge Remittance reporting will be suspended, but the Annual Surcharge Reconciliation reporting will still be required.

Step 6: Enter your work title then click Sign button.

The undersigned certifies that this remittance has been examined and is, to the best of the undersigned's knowledge, accurate, complete and made in good faith.

Authorized Representative:		Title:		Date:	7/29/2019 1:36 PM EDT
----------------------------	---	--------	--	-------	-------------------------

\$56f9b2cb8a6d\$4401FAC76C78488AA37B6552DC83C8B7.docx



PO Box 15159
Tallahassee, FL 32317
(850) 386-9200

Step 7: Select style type to adopt your signature. Next click, Adopt and Sign to finish the reporting process.

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name* Initials*

SELECT STYLE **DRAW**

PREVIEW [Change Style](#)

DocuSigned by: DS
A447F9E1B01B46A...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN **CANCEL**

Authorized Representative:	Title: <input type="text" value="COO"/>	Date: 7/29/2019 2:08 PM EDT
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\$56f9b2cb8a6d\$4401FAC76C7848BAA37B6552DC83CB87.docx

Step 8: DocuSign returns the completed Form via email that can be used to process payment to FWCIGA via check or wire transfer using your normal disbursement process.

How to Assign Quarterly Surcharge Remittance to Someone

FWCIGA may occasionally send the DocuSign Form to someone other than the individual who is authorize to sign. FWCIGA exerts great effort to maintain a current contact list for all its members, but sometimes people change jobs. That is okay. To assign DocuSign Form to someone else, simply following these steps.

Step 1: Click OTHER ACTIONS to route Form to someone else.

Documents DocuSign

If you are not the appropriate individual, simply assign the
g REVIEW DOCUMENTS. Please contact FWCIGA at (850)386-
tunity to serve you.

Disclosure. CONTINUE OTHER ACTIONS ▼

DocuSign Envelope ID: 8EEBA6E1-ECD1-4E76-B4FB-F7F7F9759BEB

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docusign.com

FWCIGA
FLORIDA WORKERS' COMPENSATION
INSURANCE GUARANTY ASSOCIATION

Quarterly Surcharge Remittance

COMPANY NAME: Ascendant Commercial Ins Inc		NAIC: 13683
ADDRESS: 2199 Ponce de Leon Blvd	CONTACT NAME: Corey Neal	
ADDRESS 2: Suite 500	TITLE: Chief Operating Officer	
CITY: Coral Gables	PHONE NUMBER: 850-555-1234	
STATE: FL	ZIP: 33134	EMAIL: cneal@agfgroup.org

Step 2: Enter new recipient's name and email address. Adding a reason is optional. Next, click **ASSIGN TO SOMEONE ELSE** to complete the process.

The screenshot shows a web application interface with a modal dialog box titled "Assign to Someone Else". The dialog has a close button (X) in the top right corner. Inside the dialog, there is a section labeled "* Required". Below this, there are two text input fields: "Email Address for the New Signer *" with the value "jon.doe@gmail.com" and "New Signer's Name *" with the value "Jon Doe". Below these fields is a text area labeled "Please provide a reason for changing signing responsibility" containing the text "Transitions existing role over to new employee." and a character count "202 characters remaining". At the bottom of the dialog, there is a yellow button labeled "ASSIGN TO SOMEONE ELSE" and a gray button labeled "CANCEL". Below the dialog, a portion of the main application interface is visible, showing a table with a row labeled "[4] PREMIUM SUBJECT TO SURCHARGE (1 + 2 + 3)" and a value "0".

Assign to Someone Else

* Required

Email Address for the New Signer *

jon.doe@gmail.com

New Signer's Name *

Jon Doe

Please provide a reason for changing signing responsibility

Transitions existing role over to new employee. |

202 characters remaining

Selecting the Assign to Someone Else button will send a notification to the person to whom you assigned this envelope. The original sender will also receive a notification. You will be added as a Carbon Copy (CC) recipient.

ASSIGN TO SOMEONE ELSE CANCEL

[4] PREMIUM SUBJECT TO SURCHARGE (1 + 2 + 3) 0

How to Print and Sign Quarterly Surcharge Remittance

What happens if your company's practice doesn't allow you to sign the Form electronically? DocuSign has you covered. Here is what you should do to Print and Sign Form within DocuSign.

Step 1: Follow steps 1 through 5 under **How to Submit a Quarterly Surcharge Remittance** above.

Step 2: Click Print & Sign under OTHER ACTIONS to download completed Form ready for wet signature.

FWCIGA
FLORIDA WORKERS' COMPENSATION
INSURANCE GUARANTY ASSOCIATION

Quarterly Surcharge Remittance

COMPANY NAME: Ascendant Commercial Ins Inc		NAIC: 13683
ADDRESS: 2199 Ponce de Leon Blvd		CONTACT NAME: Corey Neal
ADDRESS 2: Suite 500		TITLE: Chief Operating Officer
CITY: Coral Gables		PHONE NUMBER: 850-555-1234
STATE: FL	ZIP: 33134	EMAIL: cneal@agfgroup.org

OTHER ACTIONS

- Finish Later
- Print & Sign
- Assign to Someone Else
- Decline to Sign
- Help & Support
- About DocuSign
- View History
- View Certificate (PDF)
- View Electronic Record and Signature Disclosure
- Session Information

Step 3: Select how you would like to return signed Form.

The screenshot shows a web browser window with a 'Print & Sign' modal dialog box open. The dialog box has a title bar with a close button (X). Inside, the text 'How would you like to return your signed document?' is followed by two radio button options: 'Upload' (which is selected) and 'Fax'. At the bottom of the dialog are two buttons: 'CONTINUE' (highlighted in yellow) and 'CANCEL'. The background of the browser window shows a form with various fields. Visible text includes 'Remittan', 'COMPANY N', 'RESS: 219', 'RESS 2: S', ': Coral G', 'E: FL', 'ZIP: 33134', and 'EMAIL: cneal@agfgroup.org'.

Step 4: Click **DOWNLOAD** to download a copy of completed Form to store on your local computer. Manually sign Form, enter Title, and then click **RETURN DOCUMENT** to proceed with upload.

The screenshot shows a web form titled "Print & Sign: Download Document" overlaid on a background form. The modal contains the following text and buttons:

Print & Sign: Download Document

Please download the document. Then print, sign and scan the document back into DocuSign when you are ready.

DOWNLOAD

RETURN DOCUMENT **CANCEL**

The background form includes the following fields:

- COMPANY NAME: [Redacted]
- ADDRESS: [Redacted]
- ADDRESS 2: [Redacted]
- City: Coral Gables
- PHONE NUMBER: 850-555-1234
- STATE: FL
- ZIP: 33134
- EMAIL: cneal@agfgroup.org

At the bottom, there are three main sections:

- REPORTING QUARTER:** [Redacted]
- ASSESSMENT YEAR**
Policy Effective (inception) Date Range
- ASSESSMENT CALCULATION**
(See Instructions)

Step 5: To upload Form, click **UPLOAD A FILE** and attach signed Form copied from your local computer.

The screenshot shows a web form for the Florida Workers' Compensation Insurance Guaranty Association. A modal dialog box titled "Print & Sign: Return Document" is open in the center. Inside the dialog, there is a button labeled "UPLOAD A FILE". Below the dialog, the form fields are partially visible: "COMPANY NAME", "ADDRESS: 219", "ADDRESS 2: Suite 500", and "TITLE: Chief Operating Officer". There are also "FINISH" and "CANCEL" buttons within the dialog.

Step 6: To complete the process, click **FINISH**.

This screenshot shows the same "Print & Sign: Return Document" dialog box, but now it displays the filename "Assessment-Specific Tri-Fold Brochure.pdf" and "2 pages" next to a close button (X). The "FINISH" button is highlighted in yellow. The background form fields are more visible, including "CITY: Coral Gables", "PHONE NUMBER: 850-555-1234", "STATE: FL", "ZIP: 33134", and "EMAIL: cneal@agfgroup.org".

How to Make Payment

[
Step 1: Locate payment amount on line TOTAL ASSESSMENT SURCHARGE COLLECTED & REMITTED.

REPORTING QUARTER:	ASSESSMENT YEAR Policy Effective (Inception) Date Range	ASSESSMENT CALCULATION (See Instructions)
01/01/2020 - 03/31/2020	1/1/2020 - 12/31/2020	
(1) Direct Premiums Collected		7545800
(2) Deductible Policy Premium Adjustments		500000
(3) Retrospective Policy Premiums Adjustments		-250000
(4) PREMIUM SUBJECT TO SURCHARGE (1 + 2 + 3)		7,795,800
(5) ASSESSMENT/ SURCHARGE RATE		0.01
TOTAL ASSESSMENT SURCHARGE COLLECTED & REMITTED (4 * 5)		77,958

Step 2: Mail or wire funds to FWCIGA using instructions below:

Check

FWCIGA
P.O. Box 15159
Tallahassee, FL 32317

Wire

FWCIGA Operating Account
Acct # 4729862433
Bank: Wells Fargo Bank, N.A.
ABA # 121000248
Bank contact: Kathy McCall
Contact phone: (904) 351-7483

Frequent Asked Questions (FAQ)

Common questions that FWCIGA received about the assessment surcharge reporting process over the past 12 months are listed below.

1) What makes Florida's assessment process unique?

Most guaranty association assessments are based upon a fixed percentage of prior year premiums as reported in an insurer's statutory annual statement. Insurers pay a percentage of prior year premiums to the guaranty association and are allowed to surcharge policyholders or receive some form of tax credit depending on state law. Florida's assessment is based on a uniform assessment surcharge rate applied to actual premium billed. Insurers remit assessments either upfront or as surcharges are collected, depending on the Association's funding needs. Collections and remittances are reconciled annually.

2) Will assessments be payable prior to or after surcharges are collected (pass-through)?

That determination is ultimately up to the Board and is based on the current and future cash needs of the Association. Based on our current cash flow forecasts, a pass-through was approved for the 2020 assessment.

3) When are assessment payments due?

Member insurers will remit and/or report surcharges collected and a signed remittance form within 30 days from the end of the reporting quarter. All insurers begin collecting and remitting assessments on the same date, as set forth in the levy order.

4) Where do I send my assessment payment and remittance form?

An assigned individual for each member insurer will receive a request via email to complete and sign the remittance form electronically. Assessment payment can be remitted via check or wire transfer.

Check

FWCIGA
P.O. Box 15159
Tallahassee, FL 32317

Wire

FWCIGA Operating Account
Acct # 4729862433
Bank: Wells Fargo Bank, N.A.
ABA # 121000248
Bank contact: Kathy McCall
Contact phone: (904) 351-7483

5) Can I remit assessment payment for multiple companies in a group?

Yes, but each member insurer is required to complete a separate remittance form for each company in the group. Please provide the NAIC number and assessment amount for each company included in the group either on the check remittance documentation or in the wire payment detail fields.

6) What happens if assessments remitted are over / under reported?

At the conclusion of an assessment year, a reconciliation will be conducted to compare assessments remitted to FWCIGA to assessments calculated based on assessable premium reported. If the reconciliation results in assessments due in excess of assessments remitted, members must remit additional funds to FWCIGA. If the reconciliation results in assessment due less than assessments remitted to FWCIGA, the excess will be refunded to members.

7) Are companies required to complete a remittance form if they do not write any workers' compensation business in Florida?

Yes, initially. All members companies authorized to write workers' compensation will receive a remittance form after the end of the first quarter. There will be a checkbox on the form for members to confirm if they are not writing workers' compensation during assessment year. All they will need to do is enter zeros for collected premium and surcharges and check the box so we know not to send future remittance forms.

8) Should companies round the assessment surcharge amount listed on the policy information page to either dollars or cents?

FWCIGA's recommendation is to round assessment surcharge similar to other premium amounts listed on the information page of the policy.