

**DEPARTMENT OF INDUSTRIAL RELATIONS  
OFFICE OF SELF INSURANCE PLANS**

1750 Howe Avenue, Suite 215, Sacramento, CA 95825 (916) 464-7000



## Labor Code §§ 4800 and 4850 Reporting Requirements

### Public Entities and Third Party Administrators (TPAs)

The OSIP Annual Report for public entities contains three questions referring to Labor Code §§4800 and 4850 benefits on the TPA portion of the report. The picture below explains the amounts that should be used for reporting Labor Code §§4800 and 4850 benefits.

	\$ Indemnity	\$ Medical
SUBTOTAL	<input type="text"/>	<input type="text"/>
3) Estimate Future Liability (Indemnity Plus Medical)	TOTAL	<input type="text"/>
	\$ Indemnity	\$ Medical
4) Total Benefits Paid During 2018/19 (Including all case expenditures). The indemnity amount includes the amount of LC § 4800/4850 benefits paid for the year (total of Lines 11 and 12)	<input type="text"/>	<input type="text"/>
5) Number of MEDICAL-ONLY Cases Reported in 2018/19	<input type="text"/>	
6) Number of INDEMNITY Cases Reported in 2018/19	<input type="text"/>	
7) Total of 5 and 6 (Also entered in 2E above)	<input type="text"/>	
8) Total Number of open Indemnity Cases (All Years)	<input type="text"/>	
9) Number of Fatality Cases Reported In 2018/19	<input type="text"/>	
10) (a) Number of FY 2018/19 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2018/19	<input type="text"/>	
10) (b) Number of non-FY 2018/19 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2018/19	<input type="text"/>	
11) Amount from salary continuation payments made pursuant to LC § 4800/4850 that is in excess of the applicable temporary disability rate for the period paid.	<input type="text"/>	
12) Amount from salary continuation payments made pursuant to LC § 4800/4850 capped at the temporary disability rate for the period paid.	<input type="text"/>	

\* Attach a List of ALL Open Indemnity Claims (by reporting location and by year) reported and with claims (in alphabetical order). (Only accepts PDF or Excel)

Enter the benefits on the report:

- **Line 4**

*Total Benefits Paid during reporting period (including all case expenditures). The Indemnity amount includes the amount of LC § 4800/4850 benefits paid for the year (total of Lines 11 and 12)*

- **Line 11**

*Amount from salary continuation payments made pursuant to LC § 4800/4850 that is in excess of the applicable temporary disability rate for the period paid.*

- **Line 12**

*Amount from salary continuation payments made pursuant to LC § 4800/4850 capped at the temporary disability rate for the period paid.*

The Annual Assessment will be based on Paid Indemnity (Line 4) minus 4800/4850 payments in excess of applicable temporary disability rate (Line 11).