

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
WORKERS' COMPENSATION SELF-INSURED GROUP
FILING SYNOPSIS FOR FORMS

WC SIG

NAME _____ KOI# _____ DATE _____

1. If this filing is being made with reference to a form filing made by an advisory organization, name the organization and reference filing number.

Organization _____ Reference Filing No. _____

2. Is the referenced document being adopted as filed by the advisory organization?
 Yes No

3. If a reduction in coverage results by the use of this form, explain how the reduction of coverage is reflected in the corresponding premium. _____

