



INDUSTRIAL COMMISSION OF **ARIZONA**

Self-Insurer Request for Extension to File Tax Forms

Self-Insurer Legal Name: _____,
is a duly qualified, eligible, and authorized Arizona self-insurer pursuant to *Arizona Revised Statutes § 23-961 et. seq.*, and the *Arizona Administrative Code*, and, as such, hereby requests the Industrial Commission of Arizona approve an extension to file its annual Self-Insurance Renewal Application, pursuant to A.A.C. § R20-5-1506 (D).

Forms Affected (Check All that Apply):

- Self-Insurer Renewal Application Form
- Workers' Compensation Liability Form
- Loss & Excess Credit Loss Run
- Self-Provider of Medical Benefits Form
- Statement regarding how medical care is directed, if directing medical care
- List of medical providers or copies of contracts, if directing medical care
- Excess Insurance Policy
- Annual Financial Report
- Annual Actuary Report
- Third Party Administrator Contract
- Explanation of Denials (if over 12%)
- Parent Company Guaranty (Completed)
- Request for Waiver Form
- Pool Member Resolution, Participation, Coverage and Indemnity Agreement



The signature(s) below represents:

Self-Insurer Legal Name: _____,
and as such, certifies and acknowledges failure to provide the required information within 90 days of the date of the renewal date, may result in revocation of self-insurance authority and/or waiver pursuant to A.A.C. §§ R20-5-1516 (A)(5, 6) (B) and R20-5-1525 (G).

Self-Insurer designated officer signature:

Name: _____

Title: _____

Emal: _____

Phone Number: _____

Signed: _____

Date: _____

For Industrial Commission of Arizona use only:

Approved by: _____

Due Date for all forms: _____