



Workers' Compensation Self-Insurance Fund Annual Renewal Check Sheet

Name of Fund: _____

Contact: _____ Email: _____

- _____ Application for Renewal of Certificate of Authority – (GID-254)
- _____ Statutory Financial Statement
- _____ Annual Fee
- _____ Actuarial Opinion
- _____ Citizenship Affidavit – (GID-276-EN) – Illegal Immigration Reform and Enforcement Act
Citizen Affidavit Form

Applicable for all insurance carriers licensed in the 2024 calendar year.

Has there been a change to the individual listed on the GID-276-EN since the previous renewal submission?

Failure to respond could result in a delay in the Certificate of Authority for license year July 1, 2024-June 30, 2025 being issued.

___A “Yes” response requires the submission of the GID-276-EN. (A copy of the front and back of the secure and verifiable identification document must be submitted to complete the filing.)

___A “No” response does not require a new submission.

Please contact our office at regservices@oci.ga.gov or 404-657-9205 if assistance is needed.



FEE STATEMENT AND TRANSMITTAL VOUCHER

FILING FOR THE YEAR ENDED: _____






Company Name _____

Org ID _____

File and pay the Annual Fee with Annual Statement Package for the applicable entity referenced below by the Filing Due Date. Filing instructions and contact information can be obtained from the department website: oci.ga.gov

FEES STATEMENT

Check Boxes Below To Indicate Type Of Business Entity And Domestic/Foreign Domicile. TRADITIONAL ENTITIES:	Filing Due Date	Annual Fee	
		Domestic	Foreign
Group Self-Insured WCF	March 1	\$705	
<small>Pursuant to O.C.G.A Section 33-8-1, the Commissioner is authorized to assess and collect, in advance, fees and charges under the Georgia Insurance Code. Please remit ONE PAYMENT for the total amount listed above. (\$5 IS THE PROCESSING FEE WHICH IS ADDED TO ALL PAYMENTS).</small>			

Option:	Payment Method:																					
1 <i>(preferred)</i>	ACI/Worldwide for "e-checks" or "credit cards":     																					
2	<table border="0"> <tr> <td>Pay</td> <td>STANDARD MAIL - Mail payment and voucher to:</td> <td>OVERNIGHT COURIER - Send payment & voucher to:</td> </tr> <tr> <td>by</td> <td>Georgia Department of Insurance</td> <td>Wells Fargo Bank</td> </tr> <tr> <td>check</td> <td>Attn: Division of Insurance & Financial Oversight</td> <td>Georgia Department of Insurance</td> </tr> <tr> <td></td> <td>P. O. Box 935138</td> <td>Attn: Division of Insurance & Financial Oversight</td> </tr> <tr> <td></td> <td>Atlanta, Georgia 31193-5138</td> <td>Lockbox 935138</td> </tr> <tr> <td></td> <td></td> <td>3585 Atlanta Avenue</td> </tr> <tr> <td></td> <td></td> <td>Hapeville, Georgia 30354</td> </tr> </table>	Pay	STANDARD MAIL - Mail payment and voucher to:	OVERNIGHT COURIER - Send payment & voucher to:	by	Georgia Department of Insurance	Wells Fargo Bank	check	Attn: Division of Insurance & Financial Oversight	Georgia Department of Insurance		P. O. Box 935138	Attn: Division of Insurance & Financial Oversight		Atlanta, Georgia 31193-5138	Lockbox 935138			3585 Atlanta Avenue			Hapeville, Georgia 30354
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		3585 Atlanta Avenue																				
		Hapeville, Georgia 30354																				
3	ACH credit - electronic bank funds transfer initiated from your bank <u>If Paying By ACH, include:</u> Renewal Year, Name and NAIC# on ACH payment.																					

TRANSMITTAL VOUCHER

Select one: _____ \$ _____
 _____ Payment Type _____ Payment Date _____ Payment Amount _____ Georgia Invoice No. (Required)

ACH / EFT Addenda _____ Confirmation No. _____

By checking this box, I am acknowledging that I am a legally authorized representative of the company and have the authority to submit the information and documents provided.

Company Representative: _____ Representative's Title: _____

Representative's E-mail: _____ Representative's Phone No.: _____



Application for Renewal of Certificate of Authority for Group Self-Insurance Fund

To the Insurance and Safety Fire Commissioner, State of Georgia:

(License Number)

(Complete Name of Fund)

(Address)

hereby applies for the renewal of its Certificate of Authority for license year ending 2023. In consideration for the approval of this application, the applicant agrees to all conditions contained in the original "Application for Certificate of Authority for Group Self- Insurance Fund." List any changes in the information contained in the application for Certificate of Authority, as amended by subsequent applications for renewal. Use separate sheets of paper, numbering each to correspond to the question. List changes even if the Commissioner has been notified, unless such changes were listed on the previous application for renewal.

(Complete Name of Fund)

BY :

(Name)

(Title)

(Signature)

(Date)

AFFIDAVIT

COUNTY

STATE

I, the undersigned being the

(Title)

of the

(Complete Name of Fund)

swear (or affirm) that to the best of my knowledge and belief, the statements contained in the application, including the accompanying documents, are true and complete.

By:

Table with Notary information including State of, County of, Sworn to and Subscribed before Me this day of, Signature, My Commission Expires, and (Seal)

Illegal Immigration Reform and Enforcement Act Notice

In accordance with O.C.G.A. §50-36-1, the Office of Insurance and Safety Fire Commissioner is required to verify the lawful presence of all new and renewal applicants. **Therefore, the following documents must be included with every new application submitted to this Office, regardless of the citizenship status of the applicant, AND for every renewal application submitted to this Office thereafter by non-citizen (alien) applicants:**

1. **A signed and notarized copy of the attached Citizenship Affidavit Form; and**
 2. **A copy of the front AND back of one secure and verifiable identification document.** *(Attached is a list of ALL secure and verifiable documents that this Office can accept in order to satisfy this requirement. We cannot accept any documents that are not included in this list. These documents may be submitted to this Office electronically.)*
 - All applicants are required to submit LEGIBLE COPIES of these two (2) documents before an application can be processed. **Applications cannot be processed if the Citizenship Affidavit Form is not completed.**
- If applying on behalf of a business entity, then an employee or officer of the business entity, who has authority, must complete and submit these documents as set forth in [a] and/or [b] above.
 - If there has been a change in the person who has authority to apply for licensure on behalf of a licensed business entity, these documents must be completed and submitted by the individual who currently has authority, regardless of the citizenship status of such individual.
 - If you (or, for a business entity, the employer or officer with authority) are not a United States citizen, we are required by law to verify your immigration status through the Federal Systematic Alien Verification of Entitlement (SAVE) program.

EMAILING AND MAILING INSTRUCTIONS

Electronic filing is preferred via email or uploading via platforms offered. Submit the two (2) required documents referenced above with your completed application to the email address or to the mailing address specified in the application instructions.

HOW TO FILL OUT THE CITIZENSHIP AFFIDAVIT FORM

- In the boxes at the top of the form, indicate the entity type by selecting Insurance (Individual, Business, Carrier) or Safety Fire (Engineering, Manufacturing Housing, Safety Engineering or Hazardous Materials) that the affidavit pertains. Indicate the business name on the line where the asterisk * is applicable to the choice.
- Provide the License #, NAIC# or Employer ID# if known.
- Applicant should put an X in the box that best describes the applicant's citizenship status. Please note that applicant should select ONLY ONE of the choices.
 - If legal permanent resident or qualified alien or non-immigrant is selected, then applicant MUST provide the alien number issued by the Department of Homeland Security or other federal immigration agency in the space provided.
- Applicant should fill in the city and state in which this affidavit form is being notarized.

Illegal Immigration Reform and Enforcement Act Form

This affidavit is provided to satisfy the new or renewal requirements for an application in which one of the following types of business (Check all that Apply):

Insurance (Specify Entity Type):

- Individual
- Business
- Carrier

Safety Fire(Specify Entity Type):

- Engineering
- Manufactured Housing
- Safety Engineering
- Hazardous Materials

If the person providing the affidavit serves as "the designated responsible party" (ex.: owner/operator, partner, executive) for one of these business types, please provide the name of the business: _____

If you know one of the following identifiers, please enter it here:

License No.: _____ NAIC: _____ Employer ID No.: _____

Verification of Lawful Presence with the United States

By executing this affidavit under oath, as an applicant for a(n) _____ [type of public benefit], as reference in O.C.G.A §50-36-1, from the Office of Commissioner of Insurance and Safety Fire, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- I am a United States citizen
- I am a legal permanent resident of the United States
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(f), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state)

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ day of _____, 20_____.

Signature of Applicant

Notary Public

My Commission Expires: _____

Printed Name of Applicant

Disabled persons needing this document in another format, please contact our ADA Coordinator at 404-656-2056 - 2 Martin Luther King Jr Dr SE, Suite 704 West Tower, Atlanta, GA 30334.

!! SUBMIT ONLY THIS COMPLETED CITIZENSHIP AFFIDAVIT PAGE WITH THE REQUIRED DOCUMENTATION !!

Illegal Immigration Reform and Enforcement Act Citizenship Affidavit List of Documents

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued February 20, 2018, by the Office of the Attorney General, Georgia

The following list of secure and verifiable documents, published under the authority of O.C.G.A. 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be accessed at: <https://www.bia.gov/tribalLeaders-directory> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law² [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]