



**DIVISION OF  
WORKERS'  
COMPENSATION**

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Phone: 573-751-4231  
[labor.mo.gov/DWC](http://labor.mo.gov/DWC)  
Email: workerscomp@labor.mo.gov


**MIKE KEHOE**  
GOVERNOR

**ANNA S. HUI**  
DEPARTMENT DIRECTOR

**BENJAMIN QUALLS**  
ACTING DIVISION DIRECTOR

**MEMORANDUM**

**TO:** All Workers' Compensation Insurance Companies

**FROM:** Kalee Baker   
Benefits Administration Unit Manager

**DATE:** March 31, 2025

**SUBJECT:** Affidavit of Zero Reporting For Calendar Year  
Second Injury Fund Surcharge Premiums

Pursuant to Section 287.715 RSMo, you are required to submit a Second Injury Fund Surcharge report thirty days following the end of each quarter. However, beginning with calendar year 2008, and each year thereafter, you may complete the Affidavit of Zero Reporting For Calendar Year by the 1st Quarter Second Injury Fund Surcharge Form due date of April 30<sup>th</sup>.

The affidavit states that your company has had no direct written workers' compensation premiums to date for the calendar year in question. And if during the current calendar year your company begins to write workers' compensation premiums, your company must remit the appropriate Second Injury Fund Surcharge Forms and payments. You may find the forms on our website at <https://lrforms.mo.gov/Surcharge/login>.

Please find the Affidavit for Zero Reporting for Calendar Year at the same location as the Second Injury Fund Surcharge Forms. You may complete the affidavit and submit it to us at the address on the affidavit or email it to: [SIFsurcharge@labor.mo.gov](mailto:SIFsurcharge@labor.mo.gov). Both signatures are required on the affidavit; however, only one needs to be notarized. The completed affidavit will remain on file with the Division for the calendar year indicated. The Division will not expect the Quarterly Second Injury Fund Surcharge Forms for the year indicated on the affidavit unless you begin writing workers' compensation premiums during the calendar year. **The affidavit is only valid for one year; it will need to be resubmitted each year if applicable.**

Please feel free to call (573) 526-3543 with any questions or concerns regarding this affidavit.

*Missouri Division of Workers' Compensation is an equal opportunity employer/program.  
Auxiliary aids and services are available upon request to individuals with disabilities.  
TDD/TTY: 800-735-2966 Relay Missouri: 711*