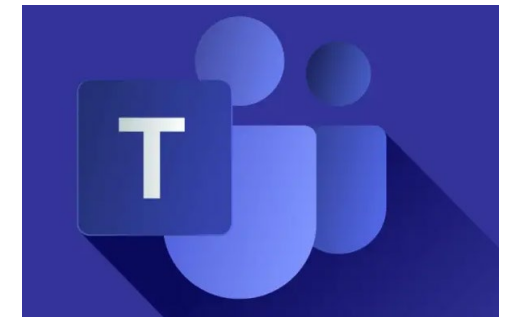


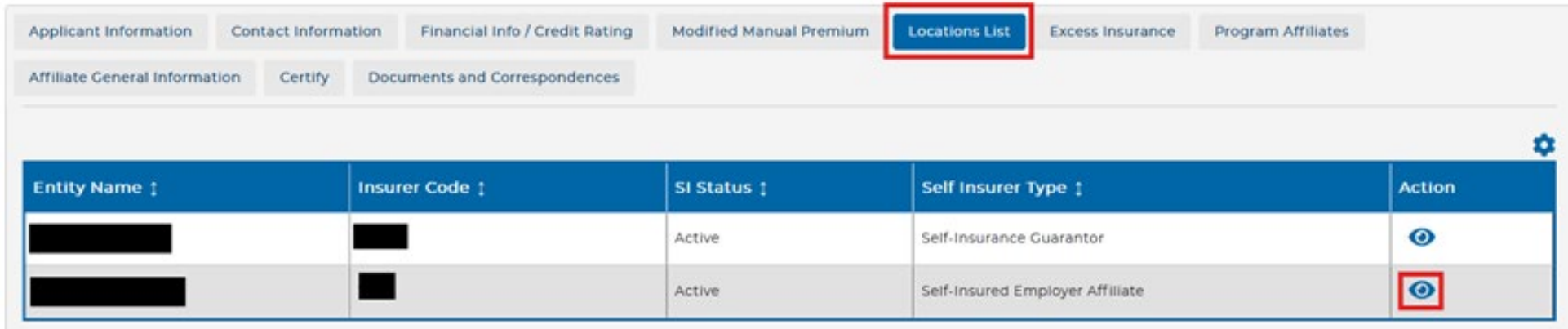
Workers' Compensation Automation and Integration System (WCAIS)





New Happenings in Self-Insurance
September 2025



Assessment Contact Details – Initial Application






Entity Name ↓	Insurer Code ↓	SI Status ↓	Self Insurer Type ↓	Action
[REDACTED]	[REDACTED]	Active	Self-Insurance Guarantor	
[REDACTED]	[REDACTED]	Active	Self-Insured Employer Affiliate	

- Located in the Initial Application
- Under the Locations List tab
- Click on the eye icon in the action column to view the entity.

Assessment Contact Details – Initial Application

The Assessment contact is responsible for making assessment payments and submitting annual compensation payment data. In the table below, please update the organization's Assessment contact information by clicking the **View Action Icon** or click the checkbox for each Assessment contact to confirm that the existing information is correct.

Assessment Location Contact (2) 

Entity Name ↓	INSC Code ↓	Location Contact Name ↓	Email ↓	Phone Number ↓	Address Type ↓	Action
██████████	██	██████████	wcais.test@gmail.com	██████	Assessments	<input checked="" type="checkbox"/> 
██████████	██	██████████	wcais.test@gmail.com	██████	Assessments(Other)	<input type="checkbox"/> 

Showing 1 - 2 of 2

- Your assessment contacts are in the assessment location contact table
- If up to date and correct, click each checkbox before proceeding (not pictured here)
- If changes are needed, click on the eye icon in the action column
- Note: If no assessment contacts are listed, there will be an “add assessment contact” button

Assessment Contact Details – Renewal Package

Applicant Information | Financial Info / Credit Rating | **Claims and Payment Data** | Excess Insurance and Security | Certify | Documents and Correspondences

Click here to download the Claims Listing Excel Template(LIBC-810)
Complete the Claims Listing Template (LIBC-810). You are only permitted to upload one Excel file containing the LIBC-810 forms. If providing data for more than one affiliate, please create a separate tab for each affiliate in the Excel file.

Click here to download the Loss Year Table Template

Uploaded Documents (0)

Document Type ↓	Document Description ↓	Submitted Date ↓	Submitted By ↓	Submission Method ↓	Batch Number ↓	Action
There are no records to show						

Associated Documents (0)

Document Type ↓	Document Description ↓	Submitted Date ↓	Submitted By ↓	Submission Method ↓	Batch Number ↓	Action
There are no records to show						


I acknowledge that I uploaded required data (required)



Select One	Entity Name ↓	Insurer Code ↓	SI Status ↓	Self Insurer Type ↓	SIStatus ↓	Action
<input checked="" type="radio"/>	██████████	██	Active	Self-Insured Employer	Complete	View

- Located in the Renewal Package application
- Under the Claims and Payment Data tab
- Select the entity and click view

Assessment Contact Details – Renewal Package

The Assessment contact is responsible for making assessment payments and submitting annual compensation payment data. In the table below, please update the organization's Assessment contact information by clicking the **View Action Icon** or click the checkbox for each Assessment contact to confirm that the existing information is correct.

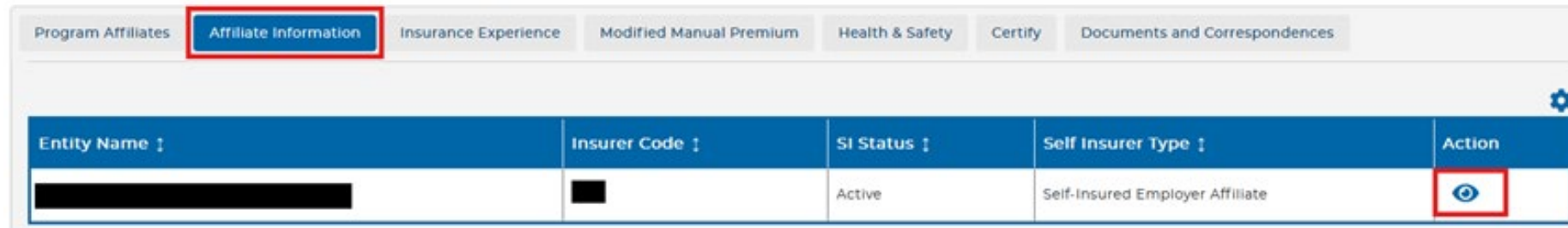
Assessment Location Contact (2) 


Confirm	Entity Name ↓	INSC Code ↓	Location Contact Name ↓	Email ↓	Phone Number ↓	Address Type ↓	Action
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	wcais.test@gmail.com	[REDACTED]	Assessments	
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	wcais.test@gmail.com		Assessments(Other)	

Showing 1 - 2 of 2

- Your assessment contacts are in the assessment location contact table
- If up to date and correct, click each checkbox before proceeding
- If changes are needed, click on the eye icon in the action column
- Note: If no assessment contacts are listed, there will be an “add assessment contact” button

Assessment Contact Details – Affiliate Addendum




Entity Name ↓	Insurer Code ↓	SI Status ↓	Self Insurer Type ↓	Action
[REDACTED]	[REDACTED]	Active	Self-Insured Employer Affiliate	

- Located in the Affiliate Addendum
- Under the Affiliate Information tab
- Select the eye icon in the action column to view the entity

Assessment Contact Details – Affiliate Addendum

The Assessment contact will be responsible for making assessment payments and submitting annual compensation payment data. In the table below, please click **Add Assessment Contact** to enter the information for this organization's Assessment contact.

Assessment Location Contact (0) 

Entity Name ↓	INSC Code ↓	Location Contact Name ↓	Email ↓	Phone Number ↓	Address Type ↓	Action
There are no records to show						

- Your assessment contacts are in the assessment location contact table
- If up to date and correct, click each checkbox before proceeding
- If changes are needed, click on the eye icon in the action column
- Note: If no assessment contacts are listed, like the screenshot, there will be an “add assessment contact” button (not shown)


Assessment Contact Details – Runoff Report


Select One	Entity Name ↓	Insurer Code ↓	SI Status ↓	Self Insurer Type ↓	Application Status ↓
<input checked="" type="radio"/>	[REDACTED]	[REDACTED]	Runoff	Self-Insured Employer Affiliate	Complete
<input type="radio"/>	[REDACTED]	[REDACTED]	Runoff	Self-Insured Employer Affiliate	Complete

- Located in the Runoff Report application
- Under the Claims and Payment Data tab
- Select the radial button for the entity and click the view button

Assessment Contact Details – Runoff Report

The Assessment contact is responsible for making assessment payments and submitting annual compensation payment data. In the table below, please update the organization's Assessment contact information by clicking the **View Action Icon** or click the checkbox for each Assessment contact to confirm that the existing information is correct.

Assessment Location Contact (1) 

Confirm	Entity Name ↓	INSC Code ↓	Location Contact Name ↓	Email ↓	Phone Number ↓	Address Type ↓	Action
<input type="checkbox"/>	██████████	██	██████████	wcais.test@gmail.com	██████████	Assessments	

Showing 1 - 1 of 1

[Add Assessment Contact](#)

- Your assessment contact(s) are in the assessment location contact table
- If up to date and correct, click each checkbox before proceeding
- If changes are needed, click on the eye icon in the action column
- Note: If no assessment contacts are listed, there will be an “add assessment contact” button

Assessment Contact Details – Group Annual Report

Annual Report Health & Safety Certify Documents and Correspondences

The Assessment contact is responsible for making assessment payments and submitting annual compensation payment data. In the table below, please update the organization's Assessment contact information by clicking the **View Action Icon** or click the checkbox for each Assessment contact to confirm that the existing information is correct.

Assessment Location Contact (1)

Entity Name	INSC Code	Location Contact Name	Email	Phone Number	Address Type	Action
[REDACTED]	[REDACTED]	[REDACTED]	wcais.test@gmail.com		Assessments	

Showing 1 - 1 of 1

Application Attachments

Upload the following attachments:

- Located in the Group Annual report
- Under the Annual Report tab
- Your assessment contacts are in the assessment location contact table
- If up to date and correct, click each checkbox before proceeding
- If changes are needed, click on the eye icon in the action column
- Note: If no assessment contacts are listed, there will be an “add assessment contact” button

Assessment Contact Details – Program Summary

Manage Program Applications and Reports Documents and Correspondences Program History Security and Funding **Contact History** [View Defendant Employer Profile](#)

Application and Program Contacts (2)

Company :	Name :	Title :	Telephone :	Email :	Contact Type :	Contact Source :	Contact Status
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	wcais.test@gmail.com	Program Contact	Application/Renewal/Report	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	wcais.test@gmail.com	Application Contact	Application/Renewal/Report	

Showing 1 - 2 of 2

[Add Application Contact](#) [Add Program Contact](#)

[Show Inactive Application and Program Contacts](#)

The Assessment contact is responsible for making assessment payments and submitting annual compensation payment data. To update an organization's Assessment contact information, please click the **View Action Icon** in the table below.

Assessment Location Contact (1)

Entity Name :	INSC Code :	Location Contact Name :	Email :	Phone Number :	Address Type :	Action
[REDACTED]	[REDACTED]	[REDACTED]	wcais.test@gmail.com	[REDACTED]	Assessments	

Showing 1 - 1 of 1

- Located in the Program Summary
- Under the Contact History tab
- Your Assessment contacts will be shown in the Assessment Location Contact Table
- If changes are needed, click on the Eye Icon in the action column
- Note: If no Assessment contacts are listed, there will be an “Add Assessment Contact” Button

Assessment Multi-Factor Authentication (MFA)

2025 Self Insurance Guaranty Fund Electronic Assessment Notice is available. Inbox x



RA-LIBWC-Assessments@pa.gov
to me ▾

Tue, Sep 16, 6:05PM (6 days ago) ☆

Dear [REDACTED]

Your 2025 Self Insurance Guaranty Fund Electronic Assessment Notice for [REDACTED] is available.

Please have following details available and then [click here](#) to view, print and save your 2025 Self Insurance Guaranty Fund Electronic Assessment Notice.

1. Unique Organization PIN (Admin of the Organization can access the WCAIS User Registration PIN from WCAIS "Change Profile" screen)
2. Zip code of Assessment Contact Address
3. FEIN or Insurer Code

Payment for the Self Insurance Guaranty Fund may be made electronically or by mail. If paying electronically, please remit payment via a secure ACH at <https://www.bpp.ob.pa.gov/Customer/PaymentForm>.

If paying by mail, please send a check made payable to the "Commonwealth of Pennsylvania" with the enclosed payment stub to:

Commonwealth of Pennsylvania
Department of Labor and Industry
Bureau of Workers' Compensation
P.O. Box 60187
Harrisburg, PA 17106-0187

If you have any questions, please do not hesitate to contact us at (717) 783-5421 or RA-LIBWC-Assessments@pa.gov.

Regards,
Bureau of Workers' Compensation

- When an Assessment is available, your assessment contact will receive an email notice
- This notice will include the following:
 - Assessment contact name
 - Entity the assessment is for
 - Instructions and link to download the assessment
 - Link for online payment and mailing address for check payment

Assessment Multi-Factor Authentication (MFA)

Multi Factor Authentication

PROGRESS

1 Email Verification 2 Multi Factor Authentication 3 Additional Details 4 Download

Enter One Time Passcode (OTP)

For added security, a One Time Passcode (OTP) was sent to your Assessment Contact E-mail 3o****h@gmail.com.

Enter your One Time Passcode (OTP) (required)

Resend OTP

One Time Passcode (OTP) is valid for 14:29 minutes

For security reasons, please answer the following question:

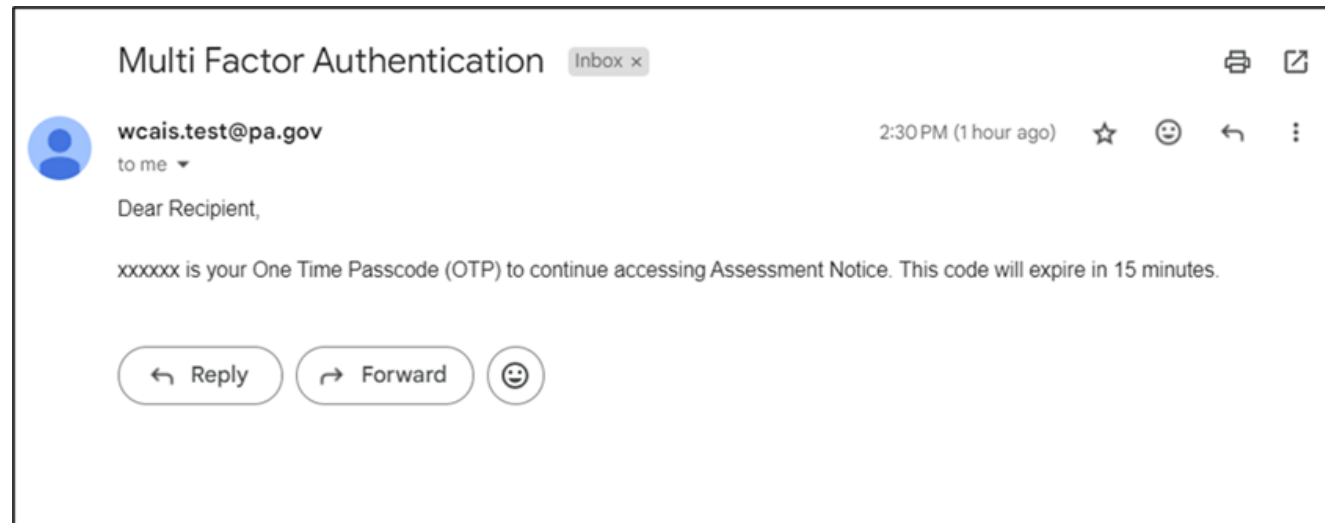
Which of the following is NOT a vegetable: potato, suit or cucumber? (required)

Change Question

Submit

- You will be navigated to the Multi Factor Authentication page
- Here you will enter your one-time passcode that was emailed to you
- Answer the security question and click submit to proceed

Assessment Multi-Factor Authentication (MFA)



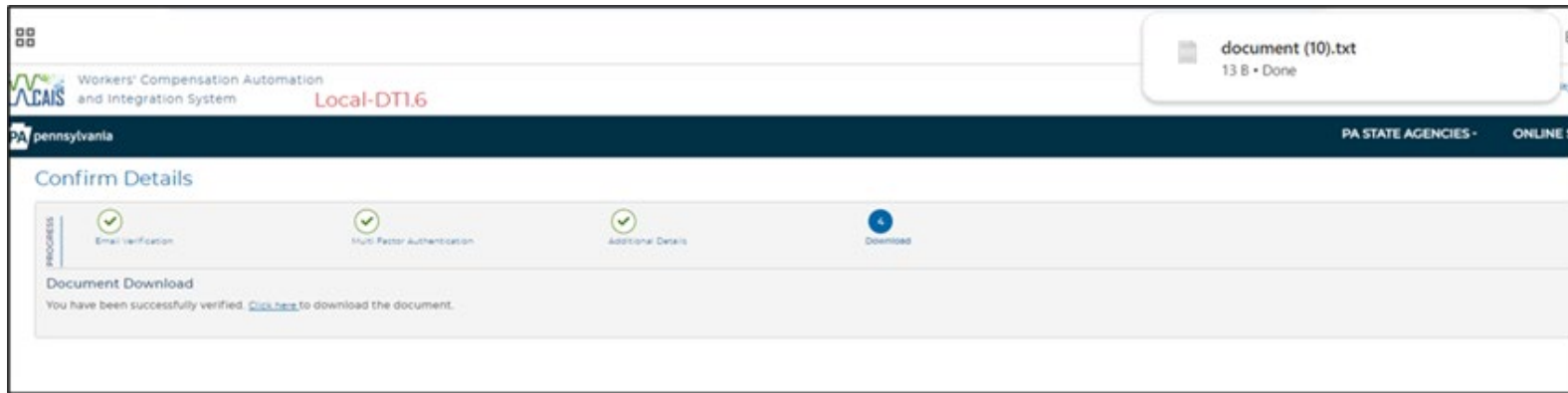
- When clicking “click here” in the assessment notice email, the system will validate if the email address matches the assessment contact’s email and then prompt a CAPTCHA to validate if you are a human
- If this passes, you will receive a one-time passcode via email

Assessment Multi-Factor Authentication (MFA)

The screenshot shows a web form titled "Confirm Details" with a progress bar at the top. The progress bar has four steps: "Email verification" (checked), "Multi-Factor Authentication" (checked), "Additional Details" (active, indicated by a blue circle with the number 1), and "Deceased" (disabled). Below the progress bar is a yellow "Important" warning box with a triangle icon. The text inside the box reads: "Please provide the following information for verification purposes." followed by a bulleted list: "Unique Organization PIN (Admin of the Organization can access the WCAIS User Registration PIN from WCAIS 'Change Profile' screen)", "Zip code of Assessment Contact Address", and "FEIN or Insurer Code". Below the warning box are three input fields: "Unique Organization PIN (required)", "Zip code of Assessment Contact Address (required)", and "Select Option (required)". The "Select Option" field has two radio buttons: "FEIN" and "Insurer Code". A green "Verify" button is located at the bottom right of the form.

- Enter your organization-specific data to verify you are the correct contact who is accessing the assessment notice
- Enter all fields and click verify to proceed

Assessment Multi-Factor Authentication (MFA)



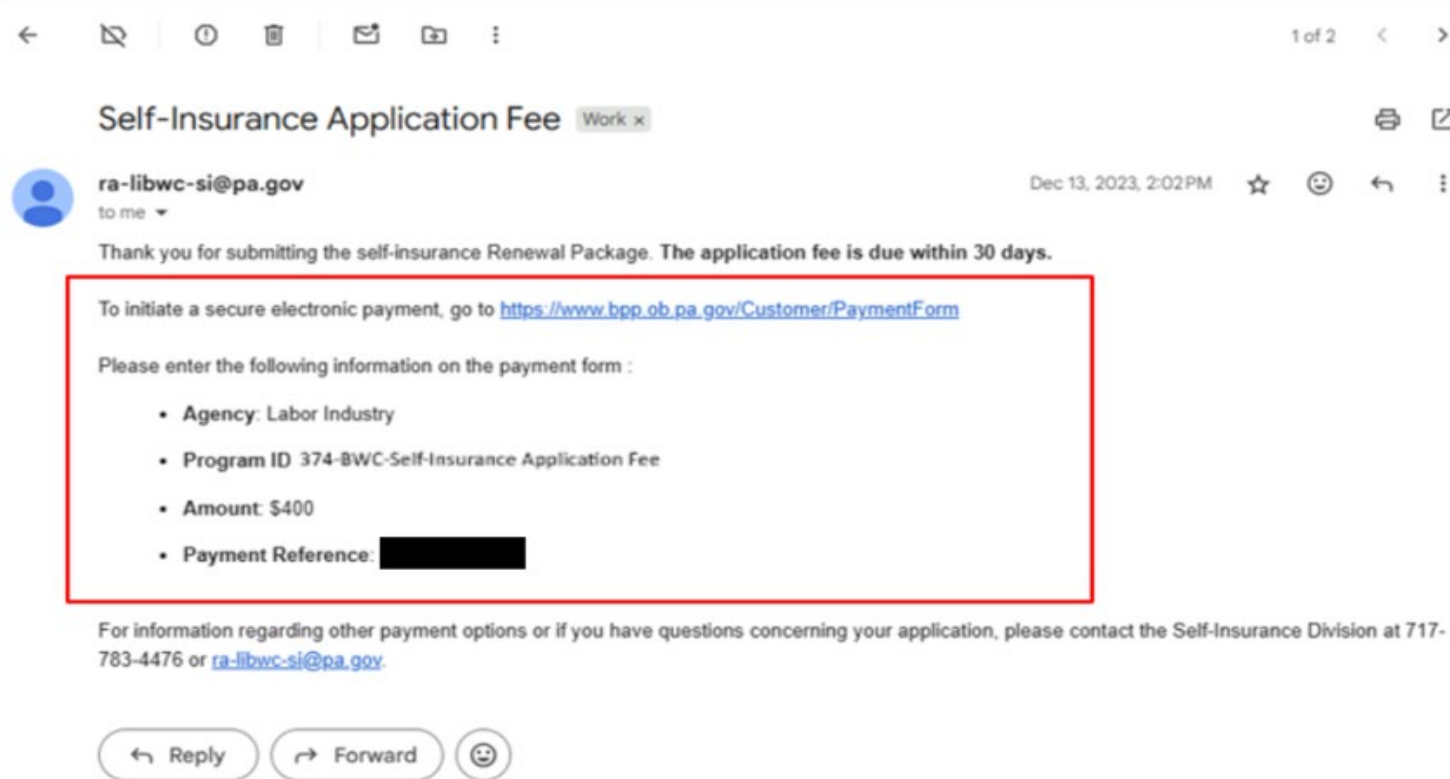
- You are now able to download your assessment notice by clicking the “click here” hyperlink
- Once downloaded, save and open your assessment

Health & Safety Integration



- The HandS website has been successfully integrated into WCAIS
- The following Self-Insurance Applications have a NEW Health & Safety tab that will need to be completed to submit the application
 - Renewal Application
 - Initial Application
 - Affiliate Addendum
 - Group Annual Report
 - Group Initial Application

Coming Soon



- Application Payments – Electronic Change
 - New hyperlink in the Self-Insurance application fee email to complete the electronic payment

Workers' Compensation Contacts

Bureau of Workers' Compensation (BWC)

Information Services Helpline:

Toll-free inside PA: (800) 482-2383

Local outside PA: (717) 772-4447

Email: ra-li-bwc-helpline@pa.gov

Bureau of Workers' Compensation (BWC)

Self-Insurance Division:

Phone: (717) 783-4476

Email: RA-LIBWC-SI@pa.gov

Q. Why is a different log in, password and PIN needed for each of my policies listed under the parent company?

A. WCAIS registration is set up for organizations per FEIN. Each organization is assigned a WCAIS registration PIN per the administrator type. Then once an administrator profile is registered, they will have access to their respective PIN. They will then use that PIN to register users and access their electronic assessments. The log in and password is set up per user and is associated to the organization's FEIN. We will continue to internally discuss how we can improve this process.