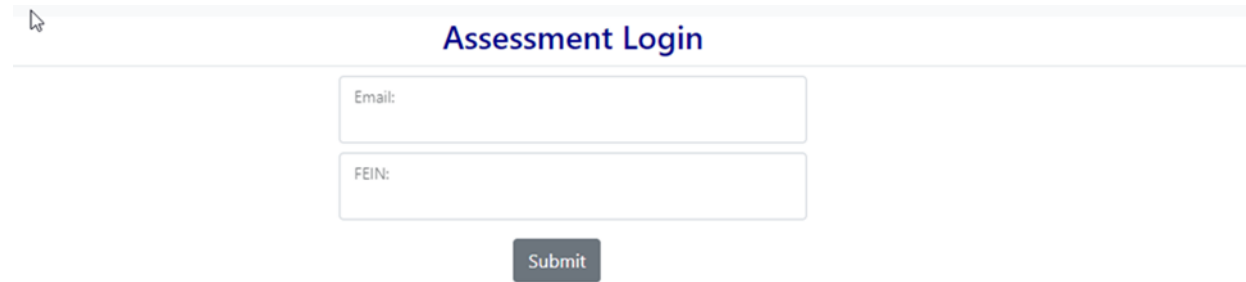


Assessment Login

Assessment Information Instructions on submitting WCC 10 Assessment Claims Report.
<https://labor.alabama.gov/wc/assessmentportal/AssessmentLogin.aspx>



The screenshot shows a web form titled "Assessment Login". It features two input fields: "Email:" and "FEIN:". Below these fields is a "Submit" button. The form is centered on a white background with a light gray border.

1. Enter Email address.
2. Enter FEIN(Federal Identification Number)
3. Click Submit

Assessment Login



Assessment Login

[Redacted]

Email:
[Redacted]

FEIN:
[Redacted]

Enter Password :

Password:
[Redacted]

Passwords should be 8-15 in length with 1 small-case letter, 1 Capital letter, 1 digit, and 1 special character

Submit

[Forgot Password](#)

1. Upon the 1st time logging in, you'll be prompted to enter a New password.
2. If this is not the 1st time logging in, you'll be prompted to enter a valid password.
3. Click Submit

Assessment Landing

[Customer Maintenance](#) [Invoice Inquiry](#) [Assessment Report](#) [Historical Assessments](#) [WCOPO](#) [Log Out](#)



[Customer Maintenance](#)



[Invoice Inquiry](#)



[WCC10 Assessment Report](#)



[Historical Assessments](#)



[WCC10 Calculations](#)



[AssessmentReportNotice](#)

Landing page will help users navigate the WC Assessment application. Users can click the links or the pics to access the desired pages. The WCC10 Assessment Report Icon/link will direct users to the WCC10 Assessment Reporting page.

Assessment Report

Workers' Compensation WCC10 Assessment Report

2022
WCC 10 ASSESSMENT REPORT
FOR INSURANCE COMPANIES, SELF-INSURERS & GROUP FUNDS
STATE OF ALABAMA
DEPARTMENT OF LABOR
WORKERS' COMPENSATION DIVISION
649 Monroe Street
Montgomery, Alabama 36131
Telephone: (334) 242-2868 Toll Free 1-800-528-5166

INS COMPANIES
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Telephone: [REDACTED]
FEIN: [REDACTED]

In accordance with the Alabama Workers' Compensation Law, Title 25, Code of Alabama, 1975, as last amended, this report is to be filed with the State of Alabama on or before the first day of March each year. The total expenses reported will be used in the calculation of your assessment.

Compensation:	\$ 1100	Court Compensation:	\$ 0
Medical:	\$ 0	Court Medical:	\$ 10000
Attorney Fees:	\$ 20000	Court Attorney Fees:	\$ 0
Administrative Expenses:	\$ 0	Court Admin Expenses:	\$ 0
TOTAL \$ LOSSES:	\$ 31100	Total Court Settlements:	\$ 10000

[Calculate Losses](#)

CERTIFICATION UNDER PENALTY OF PERJURY, I, , being duly sworn, dispose, affirm, and verify that the foregoing is a true and correct report of workers compensation payments made in accordance with the Alabama Workers' Compensation Law, as last amended. I further verify and affirm that this report constitutes a true and correct report of payments made by all operations with the state. I understand that the monetary figures and sums certain contained therein will be used to compute the workers' compensation assessment due and payable to the Alabama Workers' Compensation Administrative Trust Fund. I further verify and affirm that I am a duly appointed official of the Company above, in the capacity of and that I am qualified and authorized to sign this report.

Electronic Signature

1. Input the appropriate amount into each classification.
2. Click on "Calculate Losses" this will generate total loss amount.
3. Input the name and title of person submitting WCC 10 information.
4. The "Electronic Signature" box must be checked to continue.
5. Click Submit
6. Click Print to get a copy for your records.
7. When finished click