Issue Resolution Request

IRR:	CLM920
Received Date:	8/13/2021
Priority:	Med
Status:	Pending Resolution
Requestor Name:	Velma Thomas
Phone Number:	907-465-6045
Email:	velma.thomas@alaska.gov
Business Requirement / Issue: What is the business requirement / issue? Cite any applicable statute/rules, and attach a copy, if desired. Insurers, Self-Insureds, and uninsureds are required to sumbit payment of their Second Injury Fund contribution and Workers' Compensation Administration Account fees.	
1. Is the information currently being collected at this time by the submitter? If yes, detail current method of collecting the information. Yes Manual	
 If the information is not currently being collected, what timeline does the submitter expect or require for implementation of the proposed change? 1/1/2022 	
3. What other methods of collection or reporting, if any, have been considered? Web Portal	
Requester's Proposed Solution (optional): Provide a mechanism to capture Second Injury Fund contribution and Workers' Compensation Administration Account fees.	