Additional Payroll Office Template - Add additional Payroll Offices on the form below, save the changes and use this as an attachment to the online IC-1 Annual Report

**SECTION III – Participating Payroll Office** List all payroll offices writing payroll for employees covered under this plan. If the name on the check is different than the self-insured, indicate if it is a subsidiary, affiliate, division, plant or office; include the effective date when each became self-insured. If additional space is needed, please attach exhibit.

This report includes payroll of the following:

Business Name:				Federal I.D. #:
Address:				
Phone #:			Fax #:	
Self-Insured Subsidiary	Affiliate	Division	Plant Offic	e Effective date of self-insurance:
Principal Classification			#. Employees	#. All Other Employees
Business Name:				Federal I.D. #:
Address:				
Phone #:			Fax #:	
Subsidiary Affiliat	e Division	Plant	Office	Effective date of self-insurance:
Principal Classification			#. Employees	#. All Other Employees
Business Name:				Federal I.D. #:
Address:				
Phone #:			Fax #:	
Subsidiary Affiliat	e Division	Plant	Office	Effective date of self-insurance:
Principal Classification			#. Employe	es #. All Other Employees
Business Name:				Federal I.D. #:
Address:				
Phone #:			Fax #:	
Subsidiary Affiliat	e Division	Plant	Office	Effective date of self-insurance:
Principal Classification			#. Employees	
Business Name:				Federal I.D. #:
Address:				
Phone #			Fay #	
	e Division	Plant		Effective date of self-insurance:
•				
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Business Name: Address:  Phone #: Subsidiary Affiliate Principal Classification			Fax #: Office #. Employees	Federal I.D. #: