

# Self-Insured Workers' Compensation Online User Guide

Missouri Department of Commerce and Insurance

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## Summary

The Self-Insured Workers' Compensation Web Portal allows industry users to submit the Individual Table 1 Payroll and Premium Tax Reports and/or the Self-Insured Group Workers' Compensation tax report.

## MISSOURI DEPARTMENT OF Commerce and Insurance

The forms contained within this application require information only on the payroll paid to employees subject to the Missouri Workers' Compensation Law (Chapter 287 RSMo). "Payroll" is considered to be "remuneration" as defined by the Basic Guide of the National Council on Compensation Insurance (NCCI). This tutorial guides users through the online system for account creation, account management, and submission of the filings.

### GUIDE

Self-Insured Workers' Compensation Site Address: <https://apps.dci.mo.gov/SIWorkComp/login.aspx>

## Account Management

Users require an approved account to file Self-Insured Workers' Compensation and/or Group and Trust Self-Insured Workers' Compensation filings. New users must create an account and receive approval prior to creating filings. Existing users will need to sign in to manage account information and create new filings.

## Account Registration

**Required Information:** Users will need to provide the following information when registering for an account with DCI:

- Provide a valid Email Address
- Create a Secure Password
- Provide the Contact Name
- Provide Contact Phone Number
- Provide Contact Address Information
- Provide all Company NAIC Numbers associated to the account

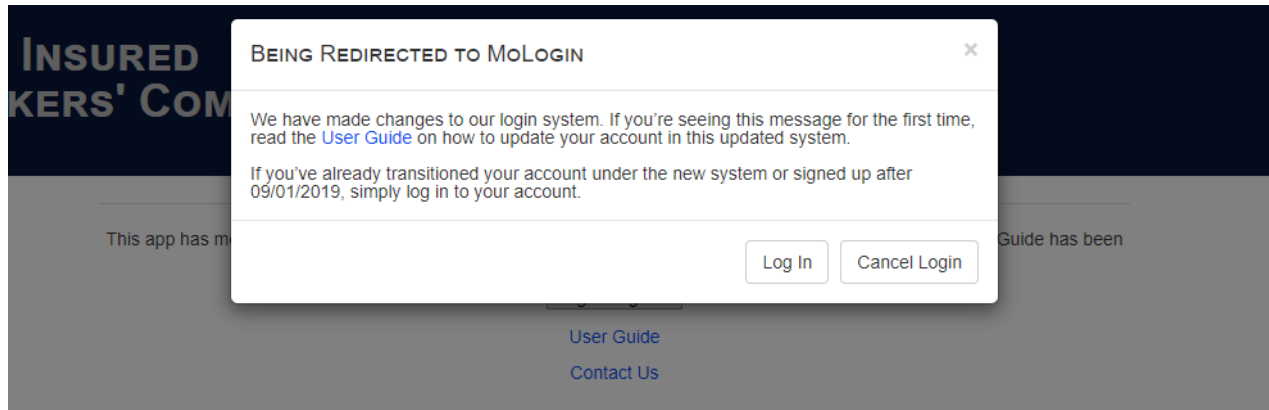
## Registration Process

Users must register a MoLogin account to gain access to the application. Begin the account creation process by navigating to the Self-Insured Workers' Compensation Online Filings portal located on the internet at <https://apps.dci.mo.gov/SIWorkComp/login.aspx>



Once you navigate to the site, in the middle of the screen on the 'Sign In' page, click the button titled **Login/Register**. This will then pop up a box informing that you are being redirected to MoLogin.

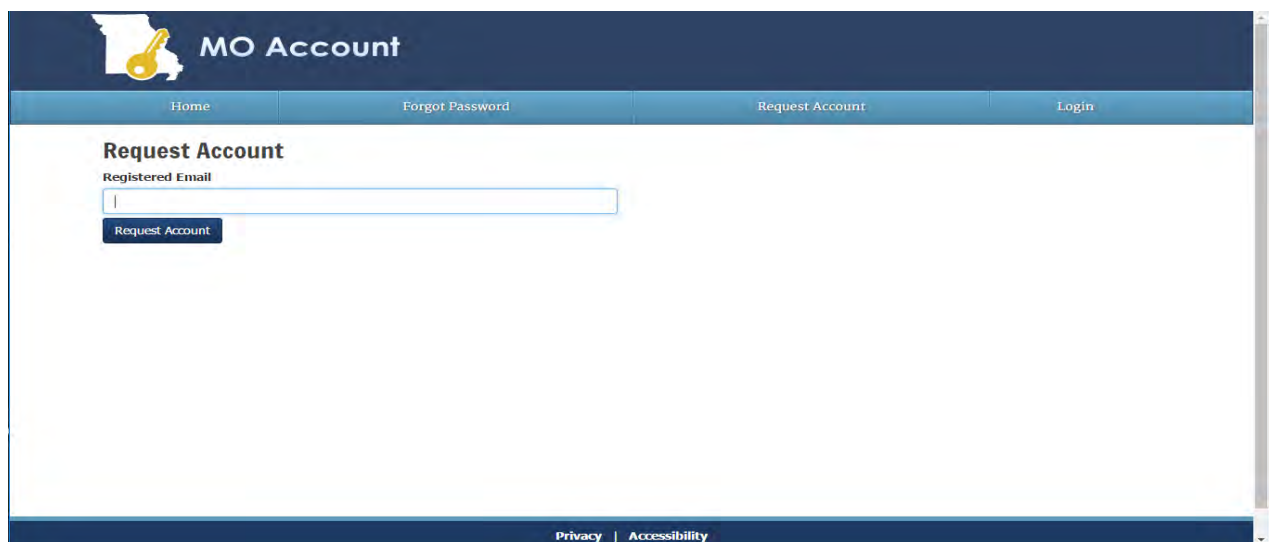
Click the Log In button to redirect to MoLogin.



You will then be redirected to MoLogin. If you do not have a MoLogin Account you will need to press the *Request Account* hyperlink.

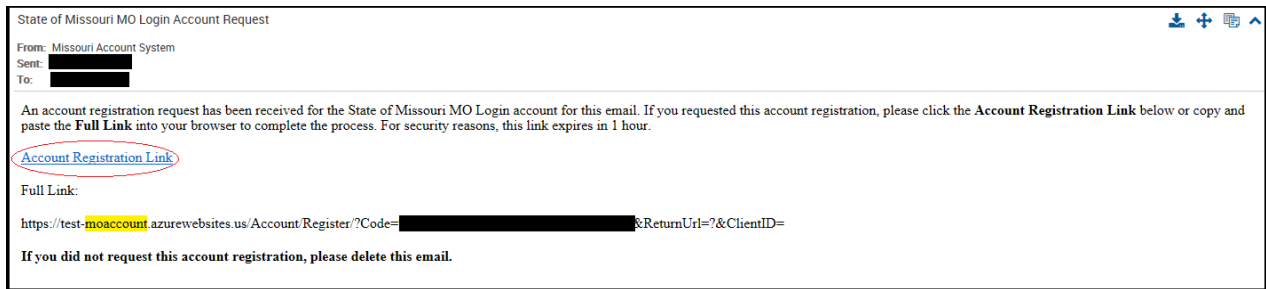


When *Request Account* is clicked you will be asked for a Registered Email which will let you log in to MoLogin. If you have a previous Self-Insured Workers' Compensation account use that Email so it can link to your account.



## MISSOURI DEPARTMENT OF Commerce and Insurance

Once you click the Request Account button an email will be sent to the Registered Email address from Missouri Account System. Click on the *Account Registration Link* hyperlink or the Full Link and it will take you to the MoLogin's Create Account page.



Fill out the form and press the *Create Account* button.

The screenshot shows a 'Create Account' form. It has three input fields for 'First Name', 'Middle Name', and 'Last Name'. Below these are fields for 'Email', 'Password', and 'Confirm password'. A 'Create Account' button is at the bottom left. On the right side, there is a 'Password Rules' box with a lock icon. The rules are: 'Must be at least 12 characters', 'Must contain at least 3 of the following: 1. Upper case character, 2. Lower case character, 3. Number, 4. Special character. Examples include !@#\$%^&\*()\_+~'-=[]{}|;:<>?,./', and 'Must not be a recent password'. At the bottom of the page, there are links for 'Privacy' and 'Accessibility'.

Once this is completed go back to <https://apps.dci.mo.gov/SIWorkComp/login.aspx>.

Log in to MoLogin with the account you just created and if you had a previous account you will be redirected to the Portal Homepage. If you did not have a previous account you will be redirected to the Account Information form.

Complete the information requested on the Account Information form:

**Email:** This field will stay the same as it is linked to MoLogin. After creating your account, you will receive emails pertaining to your account and claims.

**Contact Name:** Enter the account contact name.

**Contact Phone Number:** Enter the primary phone number for the account in which you are registering.

**Contact Street Address:** In the text box provided, enter the street address for which the account will be register.

**Contact City:** Enter the name of the city for the account in which you are registering.

**Contact State:** From the drop down menu, select the state associated with the address provided above.

**Contact Zip Code:** Enter the zip code associated with the address provided above.

After you have entered all the requested information, click the **Register** button to continue with account creation. The depiction of a red 'x' next to a field indicates an error associated with field requirements. *Follow prompts provided to correct online registration inconsistencies or errors.*

Register

After selecting the **Register** button, the webpage redirects to the *Registration Complete* page. You will also receive an email notification verifying your registration.

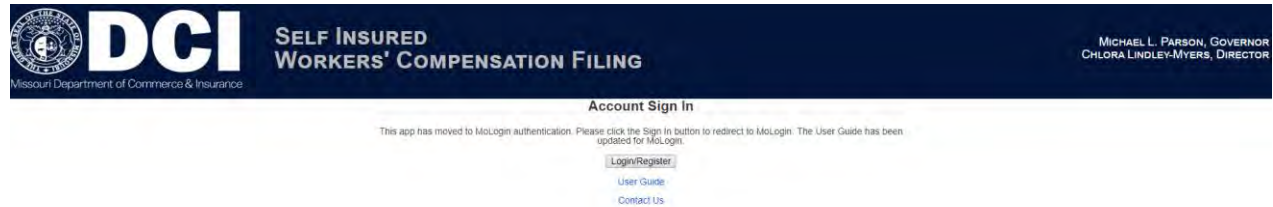
It is important to note that processing registrations can take up to 72 hours before account approval. You will receive a confirmation email, once the account is accepted.

## Login to your Self-Insured Workers' Compensation Web Portal

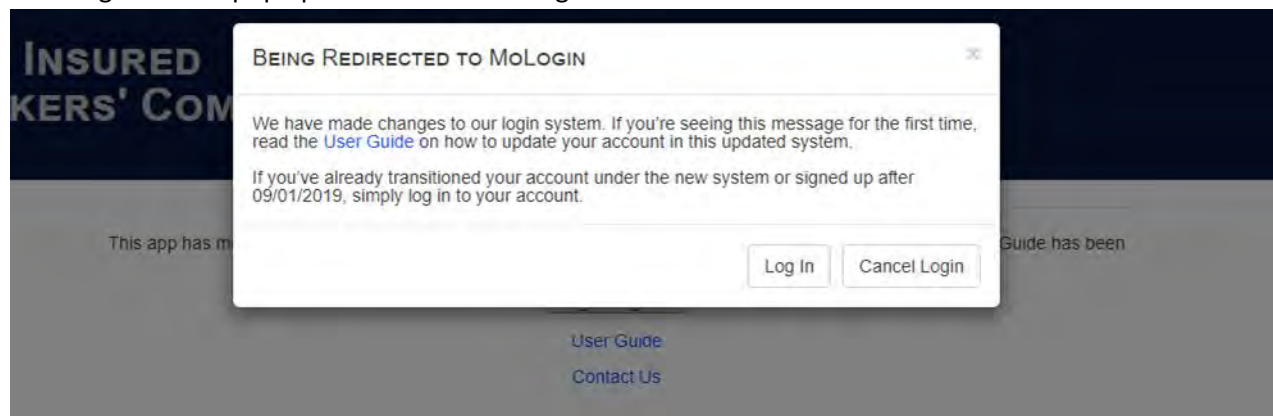
The Web Portal is located at the following link save this link to your favorites for login

<https://apps.dci.mo.gov/SIWorkComp/login.aspx>

To login, press the Login/Register button and a pop up will appear informing that you will be redirected to MoLogin.



Click Log In on the pop up to redirect to MoLogin.

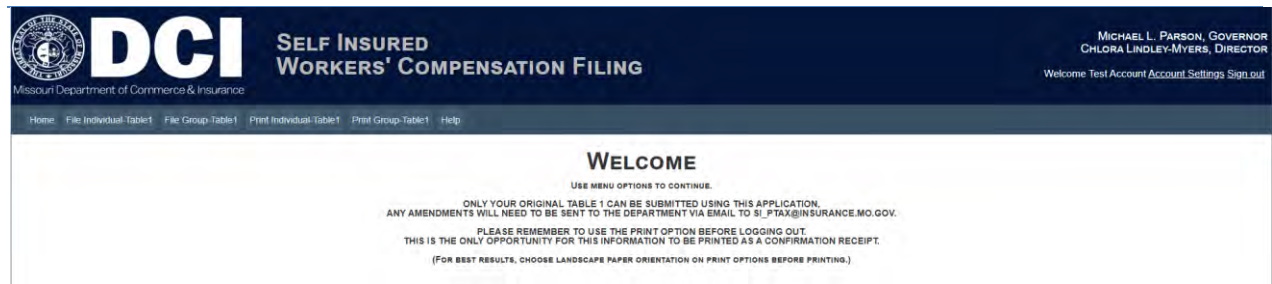


Enter the Email and Password then press the Login button.

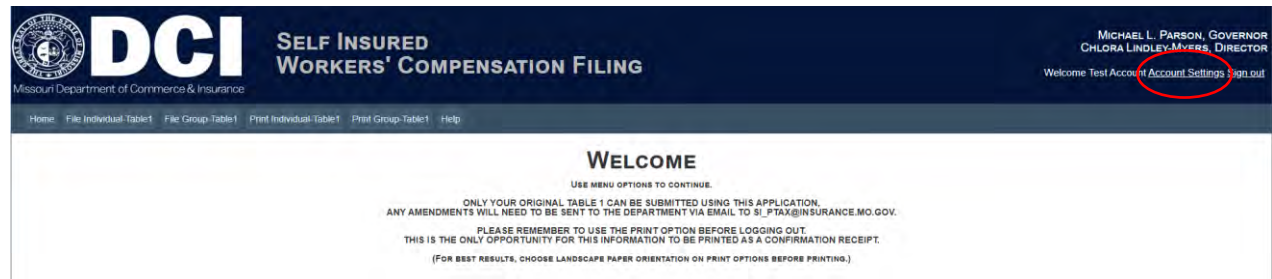


Once you login, the page redirects to the portal homepage. From the portal homepage, you can navigate to your account settings; File Individual-Table 1, File Group-Table 1, Print Individual-Table 1 Data, Print Group-Table 1 for this session; and Help to get DCI contact information.





From the homepage, navigate to Account Settings link at the top right of the page. The webpage redirects to the Account Settings pages.



## Contact Information Updates

It is important to keep your contact information up-to-date, login into the account to manage account settings. You can change your password, email account, and contact information online through the account settings option.

Complete any necessary changes.

## MISSOURI DEPARTMENT OF Commerce and Insurance

Your changes will be saved and the page will redirect to a webpage confirming changes to your account. You will also receive an email notification, informing you that your account settings were successfully changed.

The screenshot shows the top navigation bar of the DCI website with the logo and the text 'SELF INSURED WORKERS' COMPENSATION FILING'. Below the navigation bar, a confirmation message states: 'Account Settings Saved. Your account settings have been saved. Back to Account Settings.' The message is displayed in a light blue box with a checkmark icon.

To have a company added or removed from your account, you will need to contact DCI at

[Sl.PTax@insurance.mo.gov](mailto:Sl.PTax@insurance.mo.gov).

## Individual Self-Insured Workers' Compensation Filings

To begin completion of an individual self-insured Table 1 Payroll and Premium Tax Report, select "File Individual Table 1" from the menu located on the homepage. The webpage redirects to the page where the appropriate NAIC Number can be selected from the dropdown list. If filing no business for the current tax year, select the appropriate NAIC Number click the Submit button.

The screenshot shows the 'File Individual Table 1' form. It includes a dropdown menu for 'NAIC Number' with the value '(W9999) TEST COMPANY'. Below this, there are input fields for 'Modification Factor', 'Tax Year', 'Standard Premium', 'Workers Compensation Tax', 'Payroll Total', and 'Manual Premium Total'. A table with columns 'Class Code', 'Description', 'Rate Per \$100 Payroll', 'Payroll Amount', and 'Manual Premium' is displayed. The table contains two rows: '0005 NURSERY EMPLOYEES & D' and '1005 COAL MINING SURFACE & DRIVERS'. At the bottom of the form, there are 'Save' and 'Submit' buttons.

Enter the information for the individual self-insured Table 1 Payroll and Premium Tax Report. Click the Add Class Code button. If a particular class code is not known, it can be looked up by selecting the Class Codes link. A web site listing of available class codes will be displayed.

The screenshot shows the 'Add Class Code' button and the 'Class Codes' link. Below these, there is a table with columns 'Class Code', 'Description', 'Rate Per \$100 Payroll', 'Payroll Amount', and 'Manual Premium'. The table contains three rows: '0005 NURSERY EMPLOYEES & D', '1005 COAL MINING SURFACE & DRIVERS', and an empty row with a class code of '0000' and a description of 'NURSERY EMPLOYEES & D'.

After entering the specific class code record, select the Save button. Do not select the Submit button until you are completely done with the entire filing.

To add any additional class code records, select the Add Class Code button for each record.





# DCI

SELF INSURED WORKERS' COMPENSATION FILING

MICHAEL L. PARSON, GOVERNOR  
CHLORA LINDLEY-MYERS, DIRECTOR

Welcome Test Account [Account Settings](#) [Sign out](#)

[Home](#) [File Individual Table 1](#) [File Group Table 1](#) [Print Individual Table 1](#) [Print Group Table 1](#) [Help](#)


NAIC Number:	W099999 TEST COMPANY
Modification Factor:	0.98
Tax Year:	2018
Standard Premium:	\$4,613.00
Workers Compensation Tax:	\$46.00
Payroll Total:	\$100,123.00
Manual Premium Total:	\$4,701.00

Class Code	Description	Rate Per \$100 Payroll	Payroll Amount	Manual Premium
0005	NURSERY EMPLOYEES & D	4.70	\$100,000.00	\$4,700.00
1005	COAL MINING SURFACE & DRIVERS	0.43	\$23.00	\$1.00
0251	IRRIGATION WORKS OPERATION & D	0.02	\$123.00	\$6.00

Remember to select the Save button after each record until completely finished entering the entire filing before selecting the Submit button. Once you have completely finished entering the entire filing, click the Submit Button. You will receive a prompt to confirm the submission.

Standard Premium:	\$4,607.00
Workers Compensation Tax:	\$46.00
Payroll Total:	\$100,023.00
Manual Premium Total:	\$4,701.00

Message from webpage

 Your filing has been successfully saved

OK

Class Code	Description	Payroll Amount	Manual Premium
0005	NURSERY EMPLOYEES & D	\$100,000.00	\$4,700.00
1005	COAL MINING SURFACE & DRIVERS	\$23.00	\$1.00

Confirm the filing is completed as desired and select the Submit button from the confirmation message.

Modification Factor:	0.98
Tax Year:	2018
Standard Premium:	\$4,607.00
Workers Compensation Tax:	\$46.00
Payroll Total:	\$100,023.00
Manual Premium Total:	\$4,701.00

This will submit and finalize your Table 1 for the year.  
Contact the Department if changes are needed after this submission.

Submit Cancel

Class Code	Description	Payroll Amount	Manual Premium
0005	NURSERY EMPLOYEES & D	\$100,000.00	\$4,700.00
1005	COAL MINING SURFACE & DRIVERS	\$23.00	\$1.00

Save Submit

A message indicating the filing has been submitted will be displayed. It will remind you that the filing can no longer be edited from the online system. Changes to your data will need to be emailed to the department directly after submitting your Table 1.

To print the submitted record, select the Print button.

## MISSOURI DEPARTMENT OF Commerce and Insurance

Modification Factor:	0.98
Tax Year:	2018
Standard Premium:	\$4,607.00
Workers Compensation Tax:	\$46.00
Payroll Total:	\$0,023.00
Manual Premium Total:	\$4,701.00

This will submit and finalize your Table 1 for the year.  
Contact the Department if changes are needed after this submission.

<input type="checkbox"/>	Class Code	Description	Payroll Amount	Manual Premium
<input type="checkbox"/>	0005	NURSERY EMP	\$100,000.00	\$4,700.00
<input checked="" type="checkbox"/>	1005	COAL MINING S	\$23.00	\$1.00

## Printing

The Self-Insured Workers' Compensation Portal allows users to submit data; however, the print feature only allows users to print the data at the time of submittal.

A separate window will display the filing in a printable format. Select the printer icon to print the filing.

DCI SELF INSURED WORKERS' COMPENSATION FILING

MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE

MICHAEL L. PARSON, GOVERNOR  
CHLORA LINDLEY-MYERS, DIRECTOR

Welcome Test Account Account Settings Sign out

Home File Individual-Table1

NAIC Number: W199999: TEST COMPANY

Filing Status: Submitted

Modification Factor: 0.98

Tax Year: 2018

Standard Premium: \$4,607.00

Workers Compensation Tax: \$46.00

Payroll Total: \$100,023.00

Manual Premium Total: \$4,701.00

Class Code	Description	Rate Per \$100 Payroll	Payroll Amount	Manual Premium
0005	NURSERY EMPLOYEES & D	4.70	\$100,000.00	\$4,700.00
1005	COAL MINING SURFACE & DRIVERS	5.43	\$23.00	\$1.00

If you attempt to file again for the same NAIC Number, a message will be displayed indicating a filing has already been submitted for that tax year.

DCI SELF INSURED WORKERS' COMPENSATION FILING

MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE

MICHAEL L. PARSON, GOVERNOR  
CHLORA LINDLEY-MYERS, DIRECTOR

Welcome Test Account Account Settings Sign out

Home File Individual-Table1 File Group-Table1 Print Individual-Table1 Print Group-Table1 Help


NAIC Number: W199999: TEST COMPANY

Table 1 for this NAIC # has already been submitted for this tax year.

Home Print

## Group and Trust Self-Insured Workers' Compensation Filings

To begin completion of a group and trust self-insured Table 1 Payroll and Premium Tax Report select "File Group Table 1" from the menu located on the homepage. The webpage redirects to the page where the appropriate NAIC Number can be selected from the dropdown list.



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Missouri Department of Commerce & Insurance

## SELF INSURED WORKERS' COMPENSATION FILING

MICHAEL L. PARSON,  
GOVERNOR

CHILORA LINDLEY-  
MYERS, DIRECTOR

Home
File Individual-Table1
File Group-Table1
Print Individual-Table1
Print Group-Table1
Help

NAIC Number:

**Members**

Find

**Member Detail**

2. Total Payroll	\$0.00 *
3. Manual Premium	\$0.00
4. Experience Modification Factor	0.000
5. Standard Premium	\$0.00
6. Expense Constant	\$0.00
7. Other Surcharge(s)	\$0.00
8. Premium Discount(s)	\$0.00
9. Member Premium	\$0.00

**Group Return - Table 1**

10. Total Payroll	\$0.00
11. Manual Premium	\$0.00
12. Standard Premium	\$0.00
13. Total Member Premium	\$0.00
14. Audit Premium	\$0.00
15. Retro Premiums	\$0.00
16. Dividends Paid	\$0.00
17. Other Amount	\$0.00
17a. Other Description	
18. Total Group Premium	\$0.00
19. WC Administrative Tax	\$0.00

The entries in this column should contain the name, as approved by the Division of Workers' Compensation, and the Department of Commerce and Insurance of each self-insured member-employer in your group. If a member has \$0 payroll, you still need to list the member and indicate \$0 payroll.

Save
Submit

Use the search field to navigate to your appropriate member

Members	Find
BATES COUNTY INDUSTRIES, INC.	
BIG SPRINGS SHELTERED WORKSHOPS	
BOONE CENTER, INC.	
BOONSLICK INDUSTRIES, INC.	
CAPITOL PROJECTS INC.	
CENTRAL MISSOURI SUBCONTRACTING ENTERPRISES INC.	
CHILDRENS THERAPY CENTER, INC.	
COMMUNITY SHELTERED WORKSHOP, INC.	
COOPERATIVE WORKSHOPS, INC.	
CURRENT RIVER SHELTERED WORKSHOP INC.	
DODD, INC.	
ENHANCEMENT INC.	
GATEWAY INDUSTRIES OF ELDON	
HANDSHOP, INC.	
HENRY COUNTY INDUSTRIES	
HOPE HAVEN INDUSTRIES, INC.	
INDEPENDENCE & BLUE SPRINGS INDUSTRIES	
INDUSTRIAL AID, INC.	
INDUSTRIAL SERVICES, INC.	
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INDUSTRIAL SERVICES, INC.	

Enter the highlighted member's information into the member detail section.

### Member Detail

2. Total Payroll	\$0.00
3. Manual Premium	\$0.00
4. Experience Modification Factor	0.00
5. Standard Premium	\$0.00
6. Expense Constant	\$0.00
7. Other Surcharge(s)	\$0.00
8. Premium Discount(s)	\$0.00
9. Member Premium	\$0.00

Enter the totals for the group in the Group Return Portion.

**Group Return - Table 1**

10. Total Payroll	\$0.00
11. Manual Premium	\$0.00
12. Standard Premium	\$0.00
13. Total Member Premium	\$0.00
14. Audit Premium	\$0.00
15. Retro Premiums	\$0.00
16. Dividends Paid	\$0.00
17. Other Amount	\$0.00
17a. Other Description	
18. Total Group Premium	\$0.00
19. WC Administrative Tax	\$0.00

Click the **Save** button to save data entered into the group and members sections.

[illegible]

Receive confirmation message that the filing was saved.

Click the Submit button to submit your information. Changes to your data will need to be emailed to the department directly after submitting your Table 1.

Click Submit to confirm that you want to submit and finalize our return for the year. Click Cancel to return to editing your return.



DCI SELF INSURED WORKERS' COMPENSATION FILING

MISSOURI DEPARTMENT OF COMMERCE & INSURANCE

MICHAEL L. PARSON, GOVERNOR  
CHLÖRA LINDLEY-MYERS, DIRECTOR

Welcome Test Account  
Account Settings Sign out

Home File Individual-Table-1 File Group-Table-1 Print Individual-Table-1 Print Group-Table-1 Help

NAIC Number: 1000 Members Find

Member Detail

2. Total Payroll \$0.00  
3. Manual Premium \$0.00  
4. Experience Modification Factor 0.000  
5. Standard Premium \$0.00  
6. Expense Constant \$0.00  
7. Other (Specify) \$0.00  
8. Total Group Premium \$0.00  
9. WC Administrative Tax \$0.00

13. Total Member Premium \$0.00  
14. Audit Premium \$0.00  
15. Retro Premiums \$0.00  
16. Dividends Paid \$0.00  
17. Other Amount \$0.00  
17a. Other Description  
18. Total Group Premium \$0.00  
19. WC Administrative Tax \$0.00

This will submit and finalize your Table 1 for the year.  
Contact the Department if changes are needed after this submission.

Submit Cancel

The entries in this column should contain the name, as approved by the Division of Workers' Compensation, and the Department of Commerce and Insurance of each self-insured member-employer in your group. If a member has \$0 payroll, you still need to list the member and indicate \$0 payroll.

Save Submit

A confirmation message will be displayed once your data has been submitted to the Department and saved to the database.

DCI SELF INSURED WORKERS' COMPENSATION FILING

MISSOURI DEPARTMENT OF COMMERCE & INSURANCE

MICHAEL L. PARSON, GOVERNOR  
CHLÖRA LINDLEY-MYERS, DIRECTOR

Welcome Test Account Account Settings Sign out

Home File Individual-Table-1 File Group-Table-1 Print Individual-Table-1 Print Group-Table-1 Help

NAIC Number: 1000 Members Find

Member Detail

2. Total Payroll \$0.00  
3. Manual Premium \$0.00  
4. Experience Modification Factor 0.000  
5. Standard Premium \$0.00  
6. Expense Constant \$0.00  
7. Other (Specify) \$0.00  
8. Total Group Premium \$0.00  
9. WC Administrative Tax \$0.00

15. Retro Premiums \$0.00  
16. Dividends Paid \$0.00  
17. Other Amount \$0.00  
17a. Other Description  
18. Total Group Premium \$0.00  
19. WC Administrative Tax \$0.00

Your filing has been successfully submitted.  
You will no longer be able to edit this record.  
To view this record (read only) go to Print Group-Table-1.

Home Print

The entries in this column should contain the name, as approved by the Division of Workers' Compensation, and the Department of Commerce and Insurance of each self-insured member-employer in your group. If a member has \$0 payroll, you still need to list the member and indicate \$0 payroll.

Save Submit


## Printing

The Self-Insured Workers' Compensation Portal allows users to submit data; however, the print feature only allows users to print the data at the time of submittal.

Click the Home button to return to the Home Page or click the Print button to print your filing.

The system will open your printable version in a new window. A printed filing will look similar to the image below.

## Help Menu



# SELF INSURED WORKERS' COMPENSATION FILING

Missouri Department of Commerce & Insurance

MICHAEL L. PARSON, GOVERNOR  
CHLORA LINDLEY-MYERS, DIRECTOR

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[Print Group-Table1](#)

[Help](#)

- Contact Us
- User Manual
- Self Insured Workers' Compensation (FAQ)
- Group and Trust Self Insured Workers' Compensation (FAQ)

ANY AMENDMENTS TO THIS APPLICATION, PLEASE E-MAIL TO [SL\\_PTX@INSURANCE.MO.GOV](mailto:SL_PTX@INSURANCE.MO.GOV).

PLEASE REMEMBER TO USE THE PRINT OPTION BEFORE LOGGING OUT.  
THIS IS THE ONLY OPPORTUNITY FOR THIS INFORMATION TO BE PRINTED AS A CONFIRMATION RECEIPT.  
(FOR BEST RESULTS, CHOOSE LANDSCAPE PAPER ORIENTATION ON PRINT OPTIONS BEFORE PRINTING.)

Contact the Department of Commerce and Insurance, for help with filings by email at [si\\_ptax@insurance.mo.gov](mailto:si_ptax@insurance.mo.gov).



**DCI**  
Missouri Department of Commerce & Insurance

**SELF INSURED  
WORKERS' COMPENSATION FILING**

MICHAEL L. PARSON, GOVERNOR  
CHLORA LINDLEY-MYERS, DIRECTOR

Welcome Test Account [Settings](#) [Sign Out](#)

[Home](#) [File Individual-Table1](#) [File Group-Table1](#) [Print Individual-Table1](#) [Print Group-Table1](#) [Help](#)

**Contact Information**

Department of Commerce and Insurance  
**Taxation Section**  
301 W High Street  
Jefferson City, MO 65101  
Email: [SLPTax@insurance.mo.gov](mailto:SLPTax@insurance.mo.gov)

This User Guide can be obtained from the **User Guide** menu as well as from the DCI web site at <http://insurance.mo.gov/industry/forms/index.php#Workers>

## Frequently Asked Questions (FAQ)

The Frequently Asked Question portion is divided into two sections: Self-Insured and Group and Trust. The link navigates the user to the Department of Labor & Industrial Relations website.

### Self-Insured Workers' Compensation FAQ

[http://labor.mo.gov/DWC/Employers/ind\\_self\\_ins](http://labor.mo.gov/DWC/Employers/ind_self_ins)

### Group and Trust Workers' Compensation FAQ

[http://labor.mo.gov/DWC/Employers/group\\_trust\\_self\\_ins](http://labor.mo.gov/DWC/Employers/group_trust_self_ins)

## Sign-out

Before closing the browser, be sure to sign-out. To logout, select the Sign Out hyperlink at the top right corner of the page. Upon successful logout, the system redirects you to a confirmation page.

