



DO NOT USE THIS SPACE

Notice of Penalty Payment

Attach this to the ARSA payment
 and mail to the above address

WID	DATE OF INJURY
EMPLOYEE	EMPLOYER
INSURER/ADJUSTING COMPANY	INSURER/ADJUSTING COMPANY CLAIM NUMBER
PENALTY NUMBER	SERVED AND FILED

<div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">TO BE FILLED OUT BY PAYOR</div> <p>(Check one or both)</p> <p><input type="checkbox"/> This is to certify that the \$ _____ penalty assessment was paid to the Commissioner for deposit in the Assigned Risk Safety Account.</p> <p><input type="checkbox"/> This is to certify that the above-captioned employee was paid the \$ _____ penalty assessment in accordance with Minnesota Statute § 176.225 on _____ (date)</p>	
Payor's Signature	Date
Printed Name and Title	Phone Number

Online payment is now available at: www.dli.mn.gov/paycenter
 For online payment assistance call:
 Department of Labor and Industry, Financial Services at 651-284-5021