

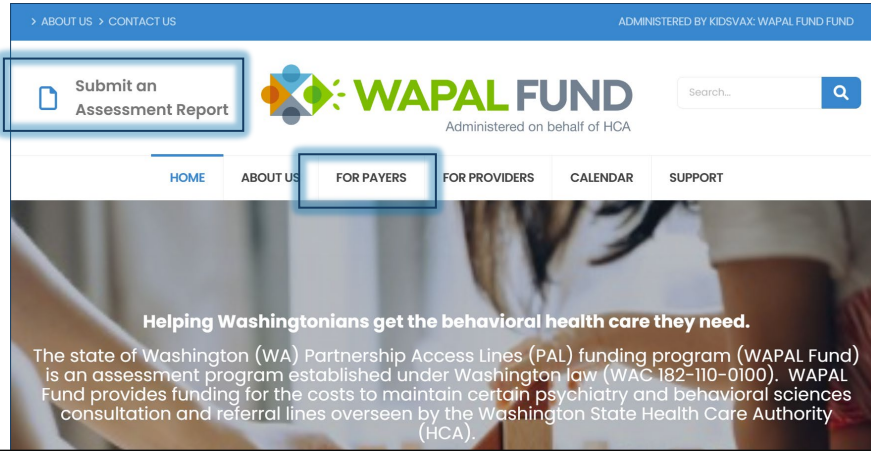
# Submit an Assessment Report

## STEP 1 – Access Report

Access [www.wapalfund.org](http://www.wapalfund.org)

**Option 1:** Click “Submit an Assessment Report” at the top left of the home page.

**Option 2:** Select “Submit an Assessment Report” under the “For Payers” tab.



## STEP 2 – Log into System

**First time users:** Establish username and password through the “Registration” link.

**Established users:** Log in using your credentials.

WAPAL Fund Login

Email address

Password

Remember me [Reset password](#)

Sign in

[Need Help?](#) [Registration](#)

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## STEP 3 – Select Filing

KidsVax

test@test.com

Impersonating: test@test.com

Manage Payers File Payer Settings

New Filing History

WAPAL fund operates on a fiscal year from July 1 - June 30th of each year. Quarters are as follows:

Quarter	Period
Q1	July - September
Q2	October - December
Q3	January - March
Q4	April - June

Below includes all periods that are available to file for including late periods. To begin the assessment click on 'Start Filing' on the period of your choosing. There is also the ability to test out our filing system by clicking on the training period. This will not count towards any existing or future filings.

You can view your historical filings under the history tab above.

To remain in compliance with reporting, please complete ALL filings available, including the training period. Enter zero for any quarters where there were no covered lives.

Show 10 period Search:

Program	Period	Period Start	Period End	File Date	Due Date	Actions
WAPAL Fund	FY24 Q3 (Jan - Mar)	Jan 1, 2024	Mar 31, 2024	Apr 1, 2024	May 15, 2024	Start Filing
WAPAL Fund	FY24 Q2 (Oct - Dec)	Oct 1, 2023	Dec 31, 2023	Jan 1, 2024	Feb 15, 2024	Start Filing
WAPAL Fund	FY24 Q1 (Jul - Sep)	Jul 1, 2023	Sep 30, 2023	Oct 1, 2023	Nov 15, 2023	Start Filing

Click on the blue box to Start Filing under Actions for each quarter.



# Submit an Assessment Report

## STEP 4 – Submit Form

Enter number of covered lives for each age band in the boxes for the corresponding months.

Answer standard filing questions and provide comments, if needed.

Click on the green box to **Submit** the filing.

Please enter the number of resident child and adult contribution enrollees in grid below. Kindly count all children under age 19 in the first category and all adults in the second category.

Please Note: \* The category headings and explanatory comments below are for the convenience of the reporting carriers only. All assessment and reporting obligations are governed by the provisions of State law, which supersedes any inconsistent headings or comments below.

PAYER : Test Co      FEIN : 11-1234568      PERIOD : FY24 Q3 (Jan - Mar)      DUE : May 15, 2024

**WAPAL FUND**  
Administered on behalf of HCA

Costs Per Age:

Zero Covered Lives

Age	Cost	January	February	March	Total	Cost Per Age
Child	\$0.07	3	5	3		\$0.77
Adult	\$0.07	4	5	4		\$0.91
Senior	\$0.07	2	2	2		\$0.42

Summary:

Total Lives	Overdue	Interest	Amount Due
30	0 days	\$0.00	\$2.10

Questions

Kindly explain the reason(s) for any question not checked below:

- Have you reported all covered lives for which your company is responsible?
- Have you identified the correct quarter for assessment?

Reason  
A check will be mailed.

Admin Email Address  
The email address that will always be associated with this filing. You may choose a user from the list below or enter a custom email address.

- test@test.com
- Custom Address

**Submit**

## STEP 5 – Download Invoice

A popup box will appear upon submission. Click on the blue box to **Download Pdf**.

This is proof of compliance and serves as the invoice to be processed by your Finance Department. **Please note that you are responsible for providing this to your Finance Department.**

Download Remittance Form ✕

Would you like to download your remittance form for this current assessment?

**Download Pdf**

**WAPAL FUND**  
Administered on behalf of HCA

WAPAL Fund Online Assessment (to: KidsVa®) P.O. Box 1881 / Concord, NH 03302-1885  
Tel: 1-855-543-7829 / Fax: 1-855-543-7929 / www.WAPALfund.org

Filed: 05/15/24  
Reference: 02407516

**WAPAL Fund Remittance Form**

Report for: FY22 Q1 (Oct - Dec)  
Due: 01/15/22  
Federal EIN: 99-8999997  
Company Name: Test Company

	Lives	Rate	Assessment
WAPAL Fund Resident Child Covered Lives Reported:	3	\$0.07	\$0.21
WAPAL Fund Resident Adult Covered Lives Reported:	3	\$0.07	\$0.21
WAPAL Fund Resident Senior Covered Lives Reported:	3	\$0.07	\$0.21
<b>Assessment Due</b>			<b>\$0.63</b>

Please wire or ACH transaction payment in full as follows:  
Swiftcode: WAPALFUND  
ABA #: 125000274  
Account #: 470881339512  
Payment: \_\_\_\_\_  
Payment Ref ID #: no-accounts  
Indicate if payment includes multiple payees or invoices

If unable to pay via wire or ACH transaction as stated above, please make check payable to: **WAPAL Fund**

mail all payments and correspondence to:

USPS: WAPAL Fund  
PO Box 94166  
Seattle, WA 98124-6466

UPS®/Fed Ex® requiring a street address:  
WAPAL Fund  
c/o KidsVa® Logistics Operations  
Attn: Lock Box 941661  
1100 Pacific Avenue  
Tacoma, WA 98402-4303

The Taxpayer ID for the WAPAL Fund is 91-1412780

