

State of Nevada
 Department of Business and Industry
 Division of Industrial Relations
Workers' Compensation Section

FISCAL YEAR 2017
WCS WORKERS' COMPENSATION CLAIMS ACTIVITY REPORT

GENERAL INSTRUCTIONS

THIS REPORT IS TO REFLECT ALL WORKERS' COMPENSATION CLAIMS ACTIVITY OCCURRING ONLY DURING FISCAL YEAR 2017.

I. NEVADA INSURERS WHO MUST REPORT:

A. Insurers with ACTIVE Certificates of Authority for workers' compensation in Nevada:

The *Claims Activity Report* must include all activity occurring during fiscal year 2017 that was covered by the active certificate of authority and should include payments made by excess (for self-insured employers and associations of self-insured employers) and reinsurance (for private carriers). Private carriers who are licensed to write workers' compensation in Nevada but have not done so in the fiscal year are considered to have an active certificate and are required to report annually. Any insurer with an active Certificate of Authority but having no claims activity during the reporting year may submit a *Statement of Inactivity* form.

B. Insurers with INACTIVE Certificates of Authority for workers' compensation in Nevada:

Any self-insured employer who formerly held an active certificate of authority is now considered inactive if the certificate was voluntarily surrendered or if withdrawn by the Division of Insurance. Private carriers are considered inactive insurers for purposes of the Claims Activity Report if their Certificate of Authority is inactive or if the workers' compensation line is no longer an active line on their Nevada Certificate of Authority. Insurers that retain the liability for claims incurred while the certificate was active must report claims activity that occurred during fiscal year 2017 using the *Claims Activity Report* form. If there was no claims activity during this fiscal year, the *Statement of Inactivity* should be completed. See Item III. below.

II. FY17 WCS WORKERS' COMPENSATION CLAIMS ACTIVITY REPORT

A. Complete the insurer name and identification number(s) on the last page of the electronic form or on the first page of the hard copy form.

B. Monetary amounts must be reported in U.S. dollars, rounded to the nearest dollar. **Do not enter cents on this report** (i.e. \$159.80 should be reported as \$160).

C. All spaces must be completed: Leave NO blank spaces on this report. Indicate no activity for a line item with a "0" (zero). If unable to report the activity for a line item, enter "UNK" (Unknown). **Do not enter formulas, links or references to other documents in any cell on the Excel form.**

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GENERAL INSTRUCTIONS, CONT.

D. Insurers with Multiple Claims Administrators (TPAs):

Insurers utilizing multiple claims administrators may not submit individual reports per TPA for Nevada claims. Only **one combined report** for all claims activity for each insurer with a certificate number will be accepted. Do **not** submit reports for individual policyholders.

E. Private Carrier Groups:

Private carrier groups may **not** combine individual carrier activity into one report. Each underwriting company holding a Nevada Certificate of Authority for workers' compensation **must** file an **individual Activity Report**.

III. STATEMENT OF INACTIVITY:

- A. Insurers with **no** claims activity in FY17 should submit a *Statement of Inactivity* in lieu of the *Activity Report*.
- B. The *Statement of Inactivity* may be submitted electronically to the Workers' Compensation Section by email (see Attachment #3, *Instructions for Filing Electronically*).

IV. SUBMISSION OF REPORTS AND/OR FORMS:

ELECTRONICALLY by email to: wcsra@business.nv.gov. Use electronic forms only. See Attachment #3 for directions.