

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

**FISCAL YEAR 2016  
 WCS WORKERS' COMPENSATION CLAIMS ACTIVITY REPORT**

**GENERAL INSTRUCTIONS**

***THIS REPORT IS TO REFLECT ALL WORKERS' COMPENSATION CLAIMS ACTIVITY  
 OCCURRING ONLY DURING FISCAL YEAR 2016.***

**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 2016 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 decertified 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 2016 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. FY16 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.**

**D. Insurers with Multiple Claims Administrators:**

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 # will be accepted. Do **not** submit reports for individual policyholders.

**FISCAL YEAR 2016  
WCS WORKERS' COMPENSATION CLAIMS ACTIVITY REPORT**

**GENERAL INSTRUCTIONS, CONT.**

**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 FY16 should submit a *Statement of Inactivity* in lieu of the *Activity Report*. Insurers filing the *Statement of Inactivity* must also complete the *Insurer Information Form*. See Item IV. below.
- B. The *Statement of Inactivity* may be submitted electronically to the Workers' Compensation Section by email (see Attachment #3, *Instructions for Filing Electronically*) or by hard copy (see below).

**IV. INSURER INFORMATION FORM: (IMPORTANT NOTE: Due to the nature of the information required on this report, it is NOT recommended that TPAs complete this report on behalf of insurers.)**

- A. **ALL INSURERS** (Active or Inactive) **MUST** complete this two-page form by **February 28, 2017**.
- B. Use this form and submit to the WCS within 30 days of any changes occurring during the year after the annual submission.
- C. This form may be submitted electronically to the Workers' Compensation Section by email (see Attachment #3, *Instructions for Filing Electronically*) or by hard copy (see below).

**V. SUBMISSION OF REPORTS AND/OR FORMS:**

- A. **ELECTRONICALLY** by email to: [wcsra@business.nv.gov](mailto:wcsra@business.nv.gov). Use electronic forms only. See Attachment #3 for directions.
- B. **HARD COPY** by fax or mail. Submit hard copy forms only as follows:
  1. **By FAX: (702) 990-0364**, Attention: Research and Analysis

2. **By MAIL:**

State of Nevada  
Division of Industrial Relations  
Workers' Compensation Section  
1301 N. Green Valley Parkway, Suite 200  
Henderson, NV 89074  
Attention: Research and Analysis