

**FISCAL YEAR 2015 WCS WORKERS' COMPENSATION
CLAIMS ACTIVITY REPORT
AND INSURER INFORMATION FORM**

COMPLETE AND SUBMIT TO WCS BY: JANUARY 8, 2016

Welcome to the Workers' Compensation Section (WCS), Research and Analysis *Fiscal Year 2015 WCS Workers' Compensation Claims Activity Report* and *Insurer Information Form* web page. All the information you need to complete and submit these documents can be found at this site. **IF YOU HAVE QUESTIONS** ABOUT THIS PROCESS, PLEASE CALL RESEARCH & ANALYSIS AT (702) 486-9080.

Links to report forms and instructions were emailed to all workers' compensation insurers in November 2015. Courtesy emails were also sent to third party administrators. The due date for the *Fiscal Year 2015 WCS Workers' Compensation Claims Activity Report (Activity Report)* and *Insurer Information Form (Information Form)* is **January 8, 2016**.

BACKGROUND

Nevada Revised Statutes (NRS) 616B.009(1) states: "All insurers shall report to the administrator, annually or, at intervals which the administrator requires, all accidental injuries, occupational diseases, dispositions of claims and payments made pursuant to chapters 616A to 617, inclusive, of NRS or regulations adopted by the division pursuant thereto." Additionally, Nevada Administrative Code (NAC) 616B.016 defines what each insurer shall report. The *Activity Report* is the means by which insurers fulfill this statutory and regulatory requirement. The *Information Form* is a supplement to the *Activity Report* and is required to be completed and returned pursuant to NRS 616B.006 and NAC 616C.410.

WHO MUST REPORT?

All workers' compensation insurers (*Active or Inactive*) must complete and submit an *Activity Report (or the Statement of Inactivity)* and the *Information Form*. This includes all self-insured employers, associations of self-insured public and private employers, private carriers and employers who provide accident benefits for injured employees pursuant to NRS 616C.265 (also called "ex-meds"). Nevada law allows lifetime claim reopening rights to injured workers under certain circumstances. Therefore, inactive insurers who maintain claim files from their active period of insurance must file a report indicating any activity OR no activity on these claims during the year, including expenses due to claim reopening, an ongoing permanent disability status or other miscellaneous claim expenses.

METHODS OF REPORTING

The WCS requests electronic filing of this report. However insurers may report either electronically or by hard copy.

Electronic: If you received the email data request, you received the online links to the electronic forms. You may also access the electronic forms from the links below. The forms should be completed and sent as email attachments to wcsra@business.nv.gov. See Attachment #3 under the "Forms and Instructions" drop down menu in the top left corner of this web page for instructions on filing electronically. **Do not** print these forms to use for submitting by fax or mail.

Hard Copy: The hard copy *Activity Report* form should be printed, then completed and faxed or mailed to WCS at the fax number or address below. **Do not** attempt to use this form to file electronically.

Hard copy *Activity Reports, Statements of Inactivity and Information Forms* may be faxed to:

(702) 990-0364

Attn: Research and Analysis

or **mailed** to:

**Division of Industrial Relations
Workers' Compensation Section
1301 North Green Valley Parkway, Suite 200
Henderson, NV 89074
Attention: Research and Analysis**

FORMS AND INSTRUCTIONS

Click on the "Forms and Instructions" drop down menu found at the top left corner of this web page or click on the form name below to access the following forms.

Fill out and submit as electronic copy only:

- **ELECTRNIC FORM - FY 2015 WCS WORKERS' COMPENSATION CLAIMS ACTIVITY REPORT**

Print and submit as hard copy only:

- **HARD COPY FORM - FY 2015 WCS WORKERS' COMPENSATION CLAIMS ACTIVITY REPORT**

May be used for electronic or hard copy submission:

- **STATEMENT OF INACTIVITY**
- **INSURER INFORMATION FORM**

The following instructions and references are provided to assist in the completion of the reports:

- **MEMO TO INSURERS AND TPA'S**
- **DEFINITIONS (Attachment #1)**
- **GENERAL INSTRUCTIONS (Attachment #2)**
- **INSTRUCTIONS FOR FILING ELECTRONICALLY (EMAIL) (Attachment #3)**
- **NRS 616B.009 AND NAC 616B.707 (Attachment #4)**
- **NAC 616B.016 (Attachment #5)**

If you have any questions, contact Research and Analysis by email at wcsra@business.nv.gov or by telephone at (702) 486-9080.