

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

**ANNUAL PERMANENT TOTAL DISABILITY REPORTING**  
**NRS 616C.453 and NAC 616C.526**

**BACKGROUND:**

NRS 616C.453 requires the Administrator of the Division of Industrial Relations (DIR) to make annual payments to injured employees (or their dependents) who are permanently and totally disabled (PT) and who are **NOT** entitled to the annual increase in benefits pursuant to NRS 616C.473. Injured employees or their dependents are entitled to the annual payment pursuant to NRS 616C.453 if:

- The injured employee has been deemed permanently and totally disabled; *and*
- The injured employee is receiving PT benefits as of July 1 of the year in which the annual payment is to be made, *and*
- The injured employee is not entitled to the annual increase in benefits pursuant to NRS 616C.473.

**WHAT INSURERS MUST DO:**

**Every insurer** (including private carriers not currently writing workers' compensation but that are authorized to do so and inactive self-insured employers) must complete the accompanying form and supply the required **current** information to the DIR no later than August 8, 2018. Insurers must report every PT claim meeting the criteria in NRS 616C.453 or indicate that they have no qualifying claims to report. Failure to provide this information may result in administrative fines pursuant to NAC 616C.527 and NRS 616D.120. The form is also on the DIR Web site at [http://dir.nv.gov/WCS/Insurer-TPA\\_Reporting/](http://dir.nv.gov/WCS/Insurer-TPA_Reporting/).

**Annuities and Subrogation Agreements:** PTs for which an annuity was purchased or for which a subrogation agreement is in place that would otherwise qualify for this payment are NOT EXEMPT and must be reported.

**HOW TO REPORT:**

**Insurers with no claims to report:** Complete Question #1, answer "NO" to Question #2, complete Question #4 at the bottom, and promptly return the form.

**Insurers with claims to report:** Complete Question #1, answer "YES" to Question #2 and complete Question #3 for each claim. Make copies of the form as needed to report only one claim per form. Questions #1, #2 and #4 must be completed on every form.

Submit to DIR **no later than August 8, 2018** as follows:

By email:      wcsra@business.nv.gov  
By fax:        (702) 486-8712  
By mail:       State of Nevada  
                  Division of Industrial Relations/Workers' Compensation Section  
                  Research and Analysis Unit  
                  3360 W. Sahara Avenue, Suite 250  
                  Las Vegas, NV 89102

If you have any questions regarding this memo or the questionnaire, contact the Research and Analysis Unit at (702) 486-9080 or by email at wcsra@business.nv.gov. **Failure to provide this information may result in administrative fines pursuant to NAC 616C.527 and NRS 616D.120.**