State of Nevada

Department of Business & Industry

##### Division of Industrial Relations

WORKERS’ COMPENSATION SECTION

FY16 TPA INFORMATION FORM

(July 1, 2015 through June 30, 2016)

Workers’ Compensation Third Party Administrators

## DUE DATE: NOVEMBER 11, 2016

(ALSO submit this form within 30 days of any changes/updates during the year)

Email: wcsra@business.nv.gov

Mail: State of Nevada

Division of Industrial Relations

# Workers’ Compensation Section

# 1301 North Green Valley Parkway, Suite 200

##### Henderson, NV 89074

#### Attention: Research and Analysis

**Fax:** (702) 990-0364

**Every Third Party Administrator must supply the following information to the DIR no later than November 11, 2016. Failure to provide this information may result in administrative fines pursuant to NAC 616A.410 and NAC 616D.415.**

**This form can also be found on the DIR Web site at:** [**http://dir.nv.gov/WCS/Insurer-TPA\_Reporting/**](http://dir.nv.gov/WCS/Insurer-TPA_Reporting/)

|  |
| --- |
| **In-State Physical Address** |
| TPA Name:       | TPA License #       |
| Street:       | FEIN #       |
| City:       | State:    | Zip:       |
| Contact Name:       | Title:       |
| Phone:       | Fax:       |
| Email:       | C-4/Claims Nevada Fax:       |
| **Mailing Address** (If different from physical address; for out-of-state addresses attach a waiver) ) |
| Street:       |
| City:       | State:    | Zip:       |
| Contact Name (If different from above):       | Title:       |
| Phone:       | Fax:       |
| Email:       |
| **Additional Address** (If applicable)  |
| [ ]  In-State Physical Address [ ]  Mailing (for out-of-state addresses, attach a waiver) |
| Street:       |
| City:       | State:    | Zip:       |
| Contact Name (If different from above) :       | Title:       |
| Phone:       | Fax:       |
| Email:       | C-4/Claims Nevada Fax:       |

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WORKERS’ COMPENSATION SECTION

**FY16 TPA INFORMATION FORM**

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| --- |
| **Additional Address** (If applicable)  |
| [ ]  In-State Physical Address [ ]  Mailing (for out-of-state addresses, attach a waiver; for more addresses, add attachment) |
| Street:       |
| City:       | State:    | Zip:       |
| Contact Name (If different from above):       | Title:       |
| Phone:       | Fax:       |
| Email:       | C-4/Claims Nevada Fax:       |

**OFF-SITE LOCATIONS OF RECORDS**

|  |
| --- |
|  |
| [ ]  Physical Records [ ]  Electronic Records |
| Location of Records:       |
| Street:        |
| City:       | State:    | Zip:       |
| Contact Name:       | Title:       |
| Telephone:       |
| Email Address:       | Contract Exp Date:       |

|  |
| --- |
|  |
| [ ]  Physical Records [ ]  Electronic Records |
| Location of Records:       |
| Street:        |
| City:       | State:    | Zip:       |
| Contact Name:       | Title:       |
| Telephone:       |
| Email Address:       | Contract Exp Date:       |

**STATEWIDE WORKERS’ COMPENSATION CLAIMS HANDLED DATA**

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| --- |
| The Administrator of the Division of Industrial Relations (DIR) is required by NRS 616D.120(4) to take into consideration the number of workers’ compensation claims handled during a specified period when calculating a benefit penalty. The DIR has defined “claims handled” to be the sum of workers’ compensation claims accepted, denied, and reopened in a given fiscal year. |
| **Number of claims:** | **Accepted (A)** | **Denied (B)** | **Reopened (C)** | **Total WC Claims****Handled (A+B+C)** |
|  **FY16** (7/1/15 – 6/30/16) |       |       |       |       |
| Name of Individual Completing Form:       |
| Company:       | Title:       |
| Street:       |
| City:       | State:    | Zip:       |
| Telephone:       | Fax:       |
| Email Address:       |
| Signature:       | Date:       |