



Workers' Compensation Section

INSTRUCTIONS FOR SUBMITTING AMW/RATE VERIFICATION PTD AND SURVIVORS' BENEFITS CLAIMS (Required prior to reimbursement request consideration)

REIMBURSEMENT ELIGIBILITY:

PTD Claims - Dates of injury or occupational disease disablement before 1/1/2004

Survivors' Claims - Dates of injury or occupational disease disablement before 7/1/2019

INSTRUCTIONS:

- 1) Complete the appropriate AMW/Monthly Rate Verification Form (PTD or Survivors' Benefit). Save completed form in the original Excel format.
- 2) Email the completed form and scanned copies of the supporting documents identified on the form to COLAS@business.nv.gov.
- 3) Submit one form with supporting documents per claim. If you have multiple claims to submit, please send a separate email for each claim.
- 4) Please include ***insurer name, injured employee last name*** and either "***PTD***" or "***Survivor***" in the Subject line of each email.
- 5) AMW/Monthly Rate Verifications will be processed in the order they are received. If additional information is required, a WCS staff member will contact the submitter.
- 6) A response will be provided to the submitter via email regarding the results of the review.

*** Please direct questions to COLAS@business.nv.gov ***