

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

FISCAL YEAR (FY)
WCS WORKERS' COMPENSATION CLAIMS ACTIVITY REPORT

GENERAL INSTRUCTIONS

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

I. NEVADA INSURERS WHO MUST REPORT:

A. Insurers with ACTIVE Certificates of Authority for workers' compensation in Nevada:

The *FY WCS Workers' Compensation Claims Activity Report ("Activity Report")* must include all activity occurring during the fiscal year 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 are considered to have an active certificate and are required to report. Any insurer with an active Certificate of Authority but having no claims activity during the reporting year should submit a *Statement of Inactivity* form in lieu of the *Activity Report*.

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held an active certificate of authority is now considered inactive if the certificate was voluntarily surrendered or if withdrawn by the Division of Insurance. Private carriers are considered inactive insurers for purposes of the *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 the fiscal year *for those claims* using the *Activity Report* form. If there was no claims activity during the fiscal year, the *Statement of Inactivity* should be completed. See Item III below.

II. FY WCS WORKERS' COMPENSATION CLAIMS ACTIVITY REPORT

A. Complete the insurer name and identification number(s) in the area below "PART 6 – SUMMARY".

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.

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

**FISCAL YEAR (FY)
WCS WORKERS' COMPENSATION CLAIMS ACTIVITY REPORT**

GENERAL INSTRUCTIONS, CONT.

D. Insurers with Multiple Claims Administrators (TPAs):

Insurers utilizing multiple TPAs may not submit separate reports for each TPA. Only **one combined report** for all Nevada claims activity for each insurer with a certificate number will be accepted. Do **not** submit reports for individual policyholders.

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 a ***separate Activity Report or Statement of Inactivity.***

III. STATEMENT OF INACTIVITY:

- A. Any** insurer with **no** claims activity during the fiscal year should submit a ***Statement of Inactivity*** **in lieu of the Activity Report.**
- B. The *Statement of Inactivity*** must be submitted electronically to the Workers' Compensation Section by email (see Attachment #3, *Instructions for Filing Electronically*).

IV. SUBMISSION OF REPORTS AND/OR FORMS:

ELECTRONICALLY by email to: wcsra@dir.nv.gov. See Attachment #3 for directions.