



# Workers' Compensation Section

## INSTRUCTIONS FOR REQUESTING REIMBURSEMENT FOR COSTS ASSOCIATED WITH COLAs FOR PTD AND SURVIVORS' BENEFITS CLAIMS NRS 616C.266 or NRS 616C.268

### **REIMBURSEMENT ELIGIBILITY:**

1. Only certain claims are eligible for reimbursement consideration:  
**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
2. PTD and Survivors' claim AMW/Rates must be verified by WCS before a reimbursement request can be processed. Your reimbursement request will be denied if the claim has not been verified. See ["INSTRUCTIONS FOR SUBMITTING AMW/RATE VERIFICATION – PTD AND SURVIVORS' BENEFITS CLAIMS"](#) found on the WCS web site.
3. Requests for reimbursement must be submitted no later than March 31 for the prior calendar year payments. Do not submit requests for more than 1 year and do not submit multiple requests for the same claim for portions of the same calendar year.
4. Requests for reimbursement that do not conform to the instructions will be returned to the submitter.

### **INSTRUCTIONS (complete steps separately for each claim for which reimbursement is being requested):**

1. Complete the ["PTD or SURVIVORS' BENEFITS CLAIMS COLA REIMBURSEMENT REQUEST FORM"](#) (Reimbursement Request Form). Save completed form in an electronic format (the original Excel format or .pdf is recommended). Handwritten submittals will not be accepted.
2. Scan the applicable supporting documents identified on the Reimbursement Request Form in a single .pdf file.  
Supporting documents include:
  - Payment history by insurer
  - Payment history by annuity company (if applicable)
  - Any other relevant documents to support your request
3. Email the completed Reimbursement Request Form (electronic format) and scanned supporting documents (.pdf file) to [COLAS@dir.nv.gov](mailto:COLAS@dir.nv.gov).
4. Submit one email, with the Reimbursement Request Form and supporting documents file attached, per claim. If you have multiple claims to submit, send a separate email for each claim.



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5. Please include in the Subject line of the email the **injured employee last name, YYYY Reimbursement Request, and either “PTD” or “Survivor”**, where YYYY is the calendar year for which reimbursement is being requested.
6. Reimbursement requests will be processed in the order they are received. If additional information is required, a WCS staff member will contact the submitter.
7. A response will be provided to the submitter via email regarding the results of the request.
8. Please refer to the [Frequently Asked Questions \(FAQs\)](#) posted on our web site for more information regarding AMW/Rate Verification, Requests for Reimbursement, the Special COLA Assessment and Reimbursement Payments.

\*\*\* Please direct questions to [COLAS@dir.nv.gov](mailto:COLAS@dir.nv.gov) \*\*\*