

**2017 Annual Certification of Claims Administration
For Nevada Self-Insured Employers (NAC 616B.460)**

1. **Employer Name** _____
2. Administrator Name _____
3. This certification is for claims administered with dates of injury between _____ and _____
4. Where are all of the claim files located for the dates reported in this certification?

5. Attach a loss run or other form of documentation which lists each of the claims that occurred during the dates reported in this certification. *The list should include each claimant's name, date of injury and claim number (NAC 616B.442).*

Reporting of Annual Claim Expenditures

6. Please provide the total amount of claim expenditures for each of the following periods:
7/1/2016 to 6/30/2017 _____
7/1/2015 to 6/30/2016 _____
7/1/2014 to 6/30/2015 _____
Total _____
7. What is the three-year average of expenditures (total divided by three) _____

Reporting of Closed Claim Costs

8. What is the total number of closed claims for the dates reported in this certification: _____
9. Please provide total costs for all closed claims for the dates reported in this certification:
Medical _____
Indemnity _____
Other _____
Total _____
10. What was the cost of claims administration for the reporting year ending 6/30/2017? _____

Reporting of Open Claim Costs

11. How many claims were open as of 6/30/2017? _____
12. Please provide the cost of these open claims as follows:

	<u>Medical</u>	<u>Indemnity</u>	<u>Other</u>	<u>Total</u>
Total incurred losses	_____	_____	_____	_____
Less Paid Losses	_____	_____	_____	_____
Reserve	_____	_____	_____	_____

SIGNATURES AND CERTIFICATION

13. This certification was prepared and verified by:

Print Name

Title

Signature

Date