



Department of Business and Industry

# Nevada Division of Insurance

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## INSTRUCTIONS - ANNUAL CERTIFICATION OF CLAIMS ADMINISTRATION

The Annual Certification of Claims Administration must be completed by the person or persons responsible for administering the Employer's claims. Once completed, the report and loss runs should be sent to the Employer to be included with the Annual Claims Information Report, which is due September 30.

A separate report form must be completed by each Administrator who has responsibility for claims administration. Also, since Employers are permitted to self-administer their workers' compensation claims, Employers must remit a separate Certification of Claims Administration for any periods that were or are self-administered.

Specific instructions regarding the completion of this form are shown below:

1. Employer Name – Indicate the name on the certificate of authority for the self-insured employer. If the Administrator is remitting a report for a specific subsidiary of the Employer, this name should be included here.
2. Administrator Name – Enter the name of the Administrator who is completing this report. If the claims are self-administered, enter "Self-Administered."
3. Enter the dates of injury (mm/dd/yy) for the claims that are being reported by this Administrator.
4. Enter the location of the claim files for the dates reported. If they are in storage, please indicate where they are stored.

**For lines #5 through #13, please note the following:**

- **Do not reduce amounts reported in loss runs by recoveries from any source.**
- **Do not reduce amounts reported on Certification forms by recoveries from any source.**
- **Do not include denied claims, incident reports or their associated costs.**

5. NAC 616B.442 requires that each self-insured employer maintain such documents as are necessary to ensure the adequacy of the security deposit required by NRS 616B.300. To meet that requirement, the Employer shall maintain a list of open and closed claims for the Commissioner's review. As the Administrator for the dates specified in this Certification, please provide the Employer with loss runs or another type of list of claims that meets this requirement.

6. Claims Expenditures – Enter the total dollars actually disbursed during each of the last three years. The total should include all amounts paid including, medical, indemnity, rehabilitation and legal costs.
7. After totaling the costs identified in #6, divide this number by three for an average.
8. Closed Claims – Enter the total number of closed claim files for which the Administrator is responsible.
9. Enter the total amounts paid for the claims identified in #8.
10. Enter the total cost of administration of the claims identified in this Certification. This would be third-party administrator contract fees. If self-administered, enter the cost of administering the claims in house including salaries, equipment, office space or other related expenses.
11. Enter the number of claims that were open as of 6/30/2018, regardless of the date of injury.
12. Regarding the open claims identified in #11, please provide a breakdown of claim costs.
13. NAC 616B.460(3) requires that the report must be signed by the person administering the program of self-insurance. Please enter the name and title of the responsible person and sign and date the report form.

**ALL REPORT FORMS MUST BE RETURNED TO THE SELF-INSURED EMPLOYER. DO NOT REMIT THE CERTIFICATION TO THE DIVISION OF INSURANCE.**