Department of Business and Industry

Nevada Division of Insurance

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INSTRUCTIONS – ANNUAL CLAIMS INFORMATION REPORT – Inactive Employers

The Annual Claims Information Report is comprised of two sections. The primary form is the Annual Claims Information Report. The second required form is the Annual Certification of Claims Administration. Both parts of the report must be submitted to the Division of Insurance by the self-insured employer by no later than September 30.

The Inactive Annual Claims Information Report form must be completed and submitted by former self-insured Employers who have not been released from reporting by the Division. Employers who were not authorized to accept new self-insured claims as of 6/30 of this reporting year should submit the Inactive Employer form.

The Annual Certification of Claims Administration is completed by the person or company responsible for claims administration. This can be a third-party administrator or it can be the Employer if the program of self-insurance is self-administered. Please see separate instructions for completion of the Certification form.

The Division will review the Annual Claims Information Report filing and will send a deposit notification. Deposits should not be changed until notice is received from the Division.

SECTION A – EMPLOYER INFORMATION

1. Employer Name and Certificate Number – Enter the name and certificate number of the Employer as they appeared on the certificate of authority.

2. Certification Dates – Enter the date of certification as it appeared on the certificate of authority and the date of de-certification. This information can be verified on the Division's website at Employer List Lookup.

3. Employer Regulatory Contact – All fields must be completed.

4. Employer Complaints Contact – All fields must be completed, even if the information is the same as the Employer Regulatory Contact.

5. Indicate by YES or NO if you have experienced a change of ownership or control in the past year. Attach an explanation for any YES answers.

6. Indicate by YES or NO if you anticipate a change in your ownership in the coming year. Attach an explanation for any YES answers.

7. Indicate by YES or NO if there has been a change in your business name or the name(s) of any of your subsidiaries. Attach an explanation if the name of the self-insured Employer has changed.

8. Please review your security deposit on file with the Division and indicate the name of the financial institution, type of deposit, the account number and the amount. If additional lines are needed, attach a separate page.

SECTION B – ADMINISTRATOR & CLAIMS RECORDS INFORMATION

9. A separate Certification of Claims Administration must be completed by each Administrator responsible for handling your claims. A Certification of Claims Administration, signed by the Administrator pursuant to NAC 616B.460, must be submitted to the Division with this report.

   List each of the Certifications of Claims Administration that are submitted with this Annual Claims Information Report and the corresponding dates of loss for claims handled and reported on each Certification.

   All years that the employer had been self-insured, including periods of assumed claims, must be represented in the fields provided. If the employer self-administers and reports a period of claims, the employer and corresponding loss dates should be listed.

   Do not list prior Administrators who do not have your claims records and who no longer administer your claims.

10. Complete all fields regarding the location(s) of all open and closed claims records. These should be identified as paper and/or electronic format, the number of claims records, the period of loss dates of claims held at this location, the responsible party, and the address. The responsible party may be the employer, the current Administrator, or a prior Administrator who is able to provide claims records.

    All years that the employer has been self-insured, including periods of assumed claims, must be represented in the fields provided. It is understood there may be some overlap of formats of records. An explanation must be attached for any periods of claims for which records cannot be provided.

    Do not list prior Administrators who cannot provide your claims records and who no longer administer your claims.

SECTION C – SIGNATURES & EMPLOYER CERTIFICATION

Pursuant to NAC 616B.460, each Claims Information Report Form must be signed by an officer or authorized employee of the self-insured employer. Electronic or scanned handwritten signatures are acceptable; typed names are not signatures. Notarization is not required.

REMIT YOUR REPORT

Your complete report, which includes the Annual Claims Information Report with supporting attachments, all Certifications of Claims Administration, and loss runs, should be sent via email to the Division of Insurance to:

SIEmail@doi.nv.gov