



Department of Business and Industry

Nevada Division of Insurance

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Self-Insured Workers' Compensation – Change of Third-Party Administrator

NAC 616B.448

NAC 616B.448 Administration of self-insurance by employer or independent contractor.

2. A self-insured employer may contract with another person or entity for the administration of his or her program of self-insurance. The acts of a person or entity in carrying out that administration shall be deemed the acts of the self-insured employer for the purposes of [NAC 616B.400 to 616B.496](#), inclusive, and [NRS 616D.120](#), and the self-insured employer is at all times responsible for compliance with [chapters 616A to 618](#), inclusive, of NRS unless specifically excepted by the provisions on self-insurance in those chapters.

3. The self-insured employer shall inform the Commissioner and the Administrator, or a representative of either of them, of the names, titles and business addresses of the persons or entity with whom he or she contracts to administer his or her program of self-insurance and the location or locations of the records required to be kept pursuant to [NAC 616B.400 to 616B.496](#), inclusive. **Before any change is made in the name, title or address of a person or entity administering the employer's program or any change is made in the location of records, the intended change must be reported in writing to the Commissioner and the Administrator or a designated agent thereof.**

4. A self-insured employer shall not administer a program of self-insurance from a location outside this State.

Directions: Fill out all form fields. Write N/A in any fields that do not apply. If the field provided is not sufficient, include additional attachments as necessary. Completed form should be emailed to siemail@doi.nv.gov.

Separate notification to the [Division of Industrial Relations](#) is required for changes in the location of workers' compensation records.

Self-insured Employer Information			
Name of Self-insured Employer (Active or Run-off) on Certificate of Authority			
FEIN	NV Certificate of Authority Number		
Mailing Address	City	State	Zip or Foreign Country

Previous Third-Party Administrator Information			
Administrator Name on Certificate of Registration			
FEIN	NV Administrator Certificate of Registration Number		
Mailing Address	City	State	Zip Code

New Third-Party Administrator Information

Administrator Name on Certificate of Registration			
FEIN	NV Administrator Certificate of Registration Number		
Nevada Address	City	State	Zip Code

All assumed claims and claims incurred during the period of certification should be accounted for; attach an explanation, if necessary, for any claims not included in this transfer.

Status of Claims Records

You are responsible for ensuring that records are transferred in compliance with applicable law.

Effective Date of Change of Administrator	Anticipated Date of Completion of Records Transfer		
Paper Records Transferred			
Number of Records Transferred	Period of Loss Dates of Records Transferred		
Nevada Address Where Records Stored	City	State	Zip Code
Electronic Records Transferred			
Number of Records Transferred	Period of Loss Dates of Records Transferred		
Description of Records Storage			

Additional periods of claims on attachment.

Signature of SIE Responsible Party

*By signing this form, the responsible party reporting the change in third-party administrator and/or location of records certifies the information above is correct and all records have been transferred as identified above.

Signature	Email Address		
Typed or Printed Name	Title		
Date Signed	Date Submitted		
Address	City	State	Zip or Foreign Country