**State of Wisconsin**

**Worker's Compensation - Self-Insurance**

**Claims Handling Change Form**

Each section of this form must be completed in its entirety when an employer changes their claims handling office (a/k/a third party) administrators (TPA). *Anytime a change occurs, a separate form should be submitted to DWD*.

**Employer Information**

|  |  |
| --- | --- |
| Legal name of employer | FEIN |

**Claims Handling Office / Third Party Administrator (TPA)** Must be completed when changing Claims Office/ TPA

|  |  |
| --- | --- |
| Claims Handling Office Legal Name | Claims Handling Office FEIN |

**Claims Handling (TPA Address) Information**

Note: Each legal entity can have only one claims handling address, per Wisconsin Statute

|  |  |
| --- | --- |
| Address line 1 | Address line 2 |
| City, State, Zip Code |

**Claims Handling Person**

|  |  |
| --- | --- |
| Prefix (Mr., Ms., Dr., Atty. Etc.) | Name |
| Title      | 800 telephone number | Telephone number |
| Fax number      | E-mail address      |

Effective date of the change:

[ ]  The above claims handling office will handle all past and future claims of employer. **(Dept. strongly encourages this option.)**

[ ]  The above claims handling office will handle only future claims on a going forward basis, beginning:      .

Should the same changes be made to other entities, such as current and/or former self-insured entities?

[ ]  Yes [ ]  No

(If YES, please *attach* a list of these entities that should be changed. The list should include the name and FEIN of each entity.) **If the change is different for each entity, then a separate form needs to be completed for each entity describing the type of change desired.**

|  |  |
| --- | --- |
| Authorized Signature |  |
| Print Name, Position |       |
| Company |       |
| Date Signed |       |

Please return this completed document to:

State of Wisconsin, Department of Workforce Development

Attention: Self Insurance Analysts

PO Box 7901

Madison, WI 53707

Or e-mail the completed document to: WCSELFINS@dwd.wisconsin.gov