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State of Wisconsin
Department of Workforce Development

WORKER'S COMPENSATION
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March 26, 1999

INS 402

To: All Worker's Compensation Carriers

From: Stan Vinge, Deputy Administrator
Worker's Compensation Division

Subject: **Annual Update of Designated Single Claims Handling Mailing Address**

Purpose. To improve customer service, the Division needs to continue its update of a reliable address for corresponding with your company about individual worker's compensation claims.

Action Required. Pursuant to sec. 102.31(3) of the Wisconsin Statutes, the Division requires that you ***designate one mailing address*** to which the Division can send its correspondence and receive an answer within 30 days. Although we requested this information a year ago, we need to make sure our information is correct.

All Division staff will be instructed to use the address you designate to direct claims correspondence to your company. Almost all of the Division's correspondence mailed to this designated address relates to individual claim matters or claims-handling practices. Therefore, we encourage you to select an address at which your staff or your claims administrator will have easy access to your individual worker's compensation claims records.

To comply, please fill out the enclosed form within 30 days of the date of this letter and either mail it to the Division at the address above or fax it to (608) 267-0394. The form also asks you to identify at least one person whom we may contact to resolve persistent or unusual claims handling problems. We would prefer that you designate a supervisor or claims manager as the contact person . We also request a contact and phone number, a 1-800 number if possible, to give to workers who have questions about their claims. This request is being sent directly to the carrier's address. The enclosed form is to be completed by an individual employed by and authorized by the carrier to designate the claims handling address and contacts.

Penalties. By law, any insurer which fails to answer correspondence within 30 days, which the Division mails to the address you designate on the request form, is subject to forfeitures under the Worker's Compensation Act and enforcement proceedings by the Commissioner of Insurance under sec. 601.64 of the Wisconsin Statutes. The Division will take action under these provisions for failure to respond to this request.

Multiple Claims-Handling Addresses (optional). Some insurers use multiple claims-handling addresses especially where third-party administrators are involved. The Division encourages you to designate only one claims handling address. However, the Division will continue to accommodate some reasonable requests for a **few** additional claims-handling addresses. You must complete both sides of the enclosed form for this purpose. If you submitted multiple claims handling addresses last year, we will continue to keep them on record. However, if you have added, changed or deleted any addresses or phone numbers, please indicate changes on this form.

INSURANCE CARRIER ADDRESS AND INFORMATION REQUEST

Is the carrier name, address, FEIN and NAIC #'s listed below correct? ☐ Yes ☐ No
If no, enter in the space provided the correct name and address, contact person, FEIN and NAIC #'s.

«Name_Company»
«Address1»
«Address2»
«Address3»
«City» «State» «Zip_Code_5»«ZipCode4»
«Contact_Name»
Phone: «Phone_Number»

NAIC #: «ID_NAIC_Company»
FEIN #: «IDOCINumber__FEIN»

Carrier Name and Address: NAIC #____________Carrier FEIN # ____________

Complete the request for information below regarding your designated mailing address. This address will be used to address mail for claims handling purposes by the Division.

Designated Mailing Name and Address:

____

____

Contact Name: ____________________________Phone: ( )____________________

Fax: ______________ Internet E-mail______________________________________

Worker Contact Name:__________________________ Phone:)__________________

Do you request more than one claims handling address? ☐ Yes ☐ No

If yes, please **only indicate any changes** to them from last year on the reverse side or separate sheet and explain specifically how the multiple claims handling addresses are determined, for example, geographical location of worker, location of employer, TPA, etc. If you use a TPA, list the addresses for Wisconsin claims and indicate how the TPA decides what address to use if the TPA uses multiple addresses.

Person completing this request: ____

Phone: Fax:)__________ Internet E-mail_________________

Multiple Claims handling addresses on record as of May 1, 1999:

ADDITIONAL ADDRESS INFORMATION

Additional Claims Handling Name and Address: ______________________________

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NAIC #________**FEIN #**_____________Contact Name: ________________________

Phone: ( )____________ ext.________ Fax: ( )________________________

Internet E-mail____

Additional Claims Handling Name and Address: ______________________________

____

NAIC #________**FEIN #**_____________Contact Name: ________________________

Phone: ( )____________ ext.________ Fax: ( )________________________

Internet E-mail____

Additional Claims Handling Name and Address: ______________________________

____

NAIC #________**FEIN #**_____________Contact Name: ________________________

Phone: ( )____________ ext.________ Fax: ( )________________________

Internet E-mail____

EXPLANATION FOR USE OF MULTIPLE CLAIMS HANDLING ADDRESSES: