

Tommy G. Thompson
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State of Wisconsin

Department of Workforce Development

WORKER'S COMPENSATION
201 East Washington Avenue
P.O. Box 7901
Madison, WI 53707-7901
Telephone: (608) 266-1340
Fax: (608) 267-0394
<http://www.dwd.state.wi.us/wc/>

May 26, 1998

INS 391

To: All Worker's Compensation Carriers

From: Gregory Krohm, Administrator
Worker's Compensation Division

A handwritten signature in black ink, appearing to read 'Greg Krohm', is written over the printed name of the sender.

Subject: **Update Designation of One Mailing Address for Claims-Related Correspondence**

Purpose. To improve customer service, the Division needs to update 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 is requiring 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 if they are uncertain about where to direct correspondence to your company or if their use of another address produced unsatisfactory results. Almost all of the Division's correspondence to this designated address will relate to individual claims or to claims-handling practices or problems. Therefore, we encourage you to select an address at which your staff 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 that 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.

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 based on various criteria such as the geographic location of the worker, employer or third-party administrator. The Division will continue to accommodate reasonable requests for multiple claims-handling addresses if you complete both sides of the enclosed form. 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, 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» NAIC #: «ID_NAIC_Company» FEIN #: «IDOCINumber_FEIN»
«Address1»
«Address2»
«Address3»
«City» «State» «Zip_Code_5»-«ZipCode4»
«Contact_Name»
«Contact_Title»
Phone: «Phone_Number»

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: () _____ ext: _____

Fax: () _____ Internet E-mail _____

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 _____

ADDITIONAL ADDRESS INFORMATION

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 _____

Additional Claims Handling Name and Address: _____

NAIC # _____ **FEIN #** _____ **Contact Name:** _____

Phone: () _____ **ext.** _____ **Fax:** () _____

Internet E-mail _____

EXPLANATION FOR USE OF MULTIPLE CLAIMS HANDLING ADDRESSES:

