

## Worker's Compensation Insurance Letter

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| <b>INS #</b>    | 426                  |
| <b>Date</b>     | February 23, 2001    |
| <b>Program</b>  | Claims Management    |
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| <b>Replaces</b> | Insurance Letter 402 |



State of Wisconsin  
Department of Workforce Development

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**To:** Worker's Compensation Insurance Carriers  
**From:** Judy Norman Nunnery, Division Administrator  
**Subject:** Update of Designated Single Claims-Handling Mailing Address

**Purpose:** To improve customer service by obtaining a reliable address for corresponding with insurers about individual worker's compensation claims.

**Background:** The Worker's Compensation Division uses the insurer's designated claims-handling address for the purpose of sending claims correspondence to you or your claims administrator. The Division, under authority of s.102.31 (3), Wis. Stats., requires that insurers designate one mailing address to be used for claims correspondence. Generally, the mailing address that you select is one at which your staff or claims administrator will have easy access to individual worker's compensation claims records. We are sending this request directly to the carrier's address, not the claims-handling address. Only an individual employed by and authorized by the carrier is to designate the claims-handling address.

Obtaining a designated claims-handling address is critical and any insurer who fails to respond within 30 days to correspondence mailed from the Division to the designated address is subject to enforcement actions. These enforcement actions include forfeitures as defined in s. 102.35 (1) and possible additional enforcement from the Office of the Insurance Commission under s. 601.64, Wis. Stats. The Division may take enforcement actions under these statutory provisions for failure to respond to its request for information/records, including this request.

In rare instances, the Division will allow some use of multiple claims-handling addresses, especially those using third-party administrators. The Division prefers that you use only one claims-handling address. However, the Division will approve reasonable requests for additional claims-handling addresses from insurers with proven good records of responding promptly to correspondence. The Division will send correspondence to the designated claims-handling address as the default address when claims are received without the designated or approved additional claims-handling address.

**Action Requested:** Designate one claims-handling mailing address by completing the enclosed form or its electronic version. **Within 30 days, fill out the enclosed form** and mail it to the Division at the address above or fax it to (608) 267-0394, **or, complete and submit the electronic version of the enclosed form by accessing our web site at: <http://www.dwd.state.wi.us/wc/>**. To request approval for multiple claims-handling addresses, complete both sides of the enclosed form. If you have added, changed or deleted any address or phone number or other contact information, please indicate the changes on this form. Identify at least one person on the form, along with contact information, who the Division or claimants can call or e-mail to resolve persistent or unusual claims-handling problems. We prefer a claims manager as the contact person and a 1-800 number, if possible, for claim inquiry purposes. Direct any inquiries to Diane Rodenberg at (608) 267-6890 or e-mail her at [Rodend@dwd.state.wi.us](mailto:Rodend@dwd.state.wi.us)

**Enclosures:** INSURANCE CARRIER ADDRESS AND INFORMATION REQUEST

**References:** NONE

**INSURANCE CARRIER ADDRESS AND INFORMATION REQUEST**

Is the carrier name, address, FEIN and NAIC # listed below correct?  Yes  No  
If no, cross out the incorrect information and enter the correct information. Please provide a contact name and phone number for Worker's Compensation administrative matters in the space provided.

Company Name

NAIC #:

Address

FEIN #:

City State Zip\_Code

Contact\_Name

Phone:

**Designated Claims-Handling Mailing Name and Address and contact information of Record:**

The designated claims handling address information of record is shown below. If it is incorrect, complete the request for information regarding your designated mailing address and other information.

The designated claims-handling mailing and contact information is correct  YES  NO  
If no, complete the following information for the designated claims-handling address:

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.

**EXPLANATION FOR USE OF MULTIPLE CLAIMS-HANDLING ADDRESSES:**

If you are requesting additional claims-handling addresses, please explain specifically how the multiple claims-handling addresses are determined, for example, geographical location of worker, location of employer, TPA location, etc. If you use a TPA with multiple addresses for Wisconsin claims, indicate how the TPA decides what address to use. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person completing this request: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ Internet E-mail \_\_\_\_\_

**ADDITIONAL CLAIMS-HANDLING ADDRESS INFORMATION**

Additional claims-handling address information of record is shown below. If it is incorrect, complete the request for additional claims-handling mailing addresses and other information.

The additional claims-handling mailing and contact information is correct  YES  NO

If no, complete the following for additional claims-handling address information:

**Additional Claims-Handling Name and Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FEIN # \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ ext. \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Internet E-mail \_\_\_\_\_

**Additional Claims-Handling Name and Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FEIN # \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ ext. \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Internet E-mail \_\_\_\_\_