

## Worker's Compensation Insurance Letter

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<b>Program</b>	Claims Management
<b>Type</b>	Process
<b>Replaces</b>	Insurance Letter 426



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 carriers. 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 selected is one at which staff or the claims administrator will have easy access to individual worker's compensation claims records. 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 can take enforcement actions under these statutory provisions for failure to respond to its request for information/records.

The Division will allow some use of multiple claims-handling addresses, especially for carriers with proven good records of responding promptly to correspondence. The Division will also approve the use of additional TPA names, at the one designated address, to allow more than one TPA to submit claims and reports using the Internet Insurers' Pending Reports. The Division will send hard copy correspondence to the designated claims-handling address involving claims received without an approved claims-handling address and for claims assigned to a TPA for Internet submission purposes.

**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/>.** We are sending this request directly to the carrier's address, not the claims-handling address. Only an individual employed and authorized by the carrier is to designate the claims-handling address.

To request approval for multiple claims-handling addresses or additional TPA names for Internet reporting, complete both sides of the enclosed form. If you have added, changed or deleted any address, 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 can contact 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.

**Inquiries:** Direct any inquiries to Diane Rodenberg at (608) 267-6890 or e-mail her at [diane.rodenberg@dwd.state.wi.us](mailto:diane.rodenberg@dwd.state.wi.us)

**Enclosures:** INSURANCE CARRIER INFORMATION REQUEST

**References:** NONE

**INSURANCE CARRIER INFORMATION REQUEST**

**Insurance Carrier Name and Address**

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.

Is the designated claims-handling mailing and contact information correct?  Yes  No

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

Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Public Contact Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ Ext. \_\_\_\_\_

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

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

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

**Additional Claims-Handling Address**

*Additional claims-handling address information is shown below. If it is incorrect or incomplete, complete the request for additional claims-handling mailing addresses, TPA names for Internet reporting and other information. If you request to add a TPA name only for purposes of Internet reporting, list the name and FEIN # of the TPA. The insurer's "designated" claims-handling address above will be used for hard copy mailing purposes.*

Is the additional claims-handling mailing and contact information correct?  Yes  No

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

Do you request the following claims handling address for mailing purposes?  Yes  No

Do you request the following TPA name for purposes of Internet reporting?  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

Do you request the following claims handling address for mailing purposes?  Yes  No

Do you request the following TPA name for purposes of Internet reporting?  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

**Please copy this page if there are additional requests.**