

Tommy G. Thompson  
Governor

Linda Stewart  
Secretary

Gregory Krohm  
Division Administrator



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/>

July 8, 1998

INS. 393

To: Worker's Compensation Carriers

From:  Gregory Krohm, Administrator

**Subject:** 10-DAY NOTICE TO RESPOND TO REQUEST FOR MAILING ADDRESS INFORMATION FOR CLAIMS-RELATED CORRESPONDENCE

**Purpose:** This is the second request for 1998 updates to claims handling address information for Worker's Compensation claims related correspondence, required under s. 102.31(3), Wisconsin Statutes. This address is important for the timely and efficient handling of our high volume of claims correspondence.

**Action Required:** Please complete the enclosed form and return it by July 22, 1998 to the Division at the address above, or fax it to (608) 267-0394. Questions about this request for an address may be directed to Kathy Ziemann at (608) 266-8728.

**Penalties:** Our first request was sent via INS Letter 391, dated May 26, 1998. The Division will take enforcement action through the Office of the Insurance Commissioner for continued failure to reply to this request. We have not received the address information previously requested. Failure to provide the requested address information by July 22 will result in referral to the Commissioner of Insurance with a request to take effective enforcement measures, as provided under sec. 601.64 of the Wisconsin Statutes.

Until we receive a response to this survey we will continue to use the address on the following page for Wisconsin claims related correspondence. **Please give this request your immediate attention.**



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INSURANCE CARRIER ADDRESS AND INFORMATION - SECOND REQUEST

«Name\_Company»  
«Address1»  
«Address2»  
«Address3»  
«City» «State» «Zip\_Code\_5»«ZipCode4»

NAIC #: «ID\_NAIC\_Company»  
FEIN #: «IDOCINumber\_FEIN»

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

Carrier Name and Address: NAIC # \_\_\_\_\_ Carrier FEIN # \_\_\_\_\_

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

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

**NAIC #** \_\_\_\_\_ **FEIN #** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

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

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

**NAIC #** \_\_\_\_\_ **FEIN #** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

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

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

**NAIC #** \_\_\_\_\_ **FEIN #** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

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

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