REQUIREMENTS FOR SELF-INSURED WORKERS' COMPENSATION SINGLE EMPLOYER
(per Tenn. Code Ann § 50-6-405 and Tenn. Comp. R & Reg. Ch. 0781-01-83)

<u>Securitization Review</u>
<u>For Active Self-Insured Entity</u>

In order to complete reviewing your request, please complete and submit the following items through your CORE account, online filing system.

1. A Letter Requesting Security Deposit Reduction Review,
2. Current Audited Financial Statement,
3. Current Actuarial Opinion Report,
4. Copies of Settled Claims with Lifetime Medical Provision that was either Settled through the Department of Labor and Workforce, or Court Order, if applicable,
5. Current Open Claim Report Including all Open Claims from Inception Date to Current Date,
6. Current Self-Insured Retention ("SIR") Level Report Including Only Claims that have Exceeded SIR Level from Inception Date to Current Date, and
7. Current Loss Run Report Including all Claims from Inception Date to Current Date.

Please note that the item #4, 5, 6 loss run reports should include the minimum detail listed below:

1) Name Column,
2) Loss Date Column,
3) Closed Date Column
4) Total Incurred Column,
5) Total Paid Column,
6) Total Outstanding Column,
7) SIR Level Column,
8) Nature of Injuries Column,
9) Subtotal of Each Year, based on fiscal year end date, and
10) Grand Total.

<u>Please submit all of the above items within 60 days of your request. Security deposit reduction reviews cannot begin until all items are received within the due date.</u>

Below is information on how to submit the request for **<u>item # 4.</u>**

Please contact the Department of Labor & Workforce ("DOL") to request all copies of settled claims.

Email & Phone:

wc.records@tn.gov
615-532-0781

Please add a note on your request email: **<u>"This is for self-insured - collateral review."</u>**

When you submit the request to the DOL, please provide **<u>full legal employer names, FEIN#s, and the period from inception date of TN Self-Insured WC in TN to current date.</u>**