



REQUIREMENTS FOR SELF-INSURED WORKERS' COMPENSATION SINGLE EMPLOYER

(per Tenn. Code Ann § 50-6-405 and Tenn. Comp. R & Reg. Ch. 0781-01-83)

Securitization Review **Inactive Self-Insured with Open Claims Amount**

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

1. A Request Letter,
2. Current Audited Financial Statement,
3. Current Actuarial Opinion Report,
4. Copies of all Settled Claims with Lifetime Medical Provision that was either Settled through the Department of Labor and Workforce, or Court Order, if applicable,
5. Open Claim Report Including all Open Claims from Inception date to Cancelled date,
6. Self-Insured Retention ("SIR") Level Report Including Only Claims that have Exceeded SIR Level from Inception date to Cancellation date,
7. Loss Run Reports Including all Claims from Inception date to Cancelled date:
 - a. Please generate a loss run report for each fiscal year end date since cancellation date.

Please note that the item #5, 6, 7 loss 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

Please submit all of the above items within 60 days of your request. Securitization reviews cannot begin until all items are received within the due date.

Below is information on how to submit the request for **item # 4.**

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: **"This is for self-insured - collateral review."**

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



Loss Report Requirements Inactive - Self-Insured – Security Review-TN With Open Claims Amount

Please add the employers' information in the header section of loss reports as described below:

Employer Name and Its TN's Qualified Self-Insured Subsidiaries

Loss Reports (Open Claims or Claims that Exceeded SIR) for the period from inception date to cancellation date

1. **Loss Run Report** should include **All claims** from inception date to cancellation date.
2. **Open Claims Report** should include **All open claims** from inception date to cancellation date.
3. **Claims that Exceeded Self-Insured Retention ("SIR") Report** should include **All claims that have exceeded the SIR Level** from inception date to cancellation date.

For example, the Company was self-insured between **1/1/1995 and 4/15/2015**, the Company's fiscal year end date as of **6/30**, and the Company requests the security review on **XX/XX/XXXX (current date)**, the loss run report (item#1) should be provided as detail below:

1. Report as of **6/30/2015**: this report should include all claims from 1/1/1995 to 4/15/2015
2. Report as of **6/30/2016**: this report should include all claims from 1/1/1995 to 4/15/2015
3. Report as of **6/30/2017**: this report should include all claims from 1/1/1995 to 4/15/2015
4.till the current date of the request,
5. Report as of **XX/XX/XXXX**: this report should include all claims from 1/1/1995 to 4/15/2015

Each report should include at the minimum with details listed below:

- 1) Column of Name,
- 2) Column of Loss Date,
- 3) Column of Closed Date,
- 4) Column of Total Incurred,
- 5) Column of Total Paid,
- 6) Column of Total Outstanding,
- 7) Column of SIR Level column,
- 8) Column of Nature of Injuries,
- 9) Subtotal Each Year, Based on Fiscal Year End Date, and
- 10) Grand Total for all years.





REQUIREMENTS FOR SELF-INSURED WORKERS' COMPENSATION SINGLE EMPLOYER

(per Tenn. Code Ann § 50-6-405 and Tenn. Comp. R & Reg. Ch. 0781-01-83)

Securitization Review **Inactive Self-Insured with No Open Claims Amount**

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

1. A Request Letter,
2. Affidavit confirming there is no open claim amount for the period when the employer was self-insured in Tennessee, executed by the employer's officer and notarized,
3. Affidavit from the Third Party Administrative ("TPA") confirming that there is no open claim amount for the period when the employer was self-insured in Tennessee, executed by the TPA's officer and notarized if the employer has a TPA handling the claims,
4. Copies of all Settled Claims with Lifetime Medical Provision that was either Settled through the Department of Labor and Workforce, or Court Order, if applicable,
5. Current Audited Financial Statement, and
6. Loss Run Reports including all claims from inception date to cancelled date:
 - a. Please generate a loss run report for each fiscal year end date since cancellation date.

Please note that the item #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

Please submit all of the above items within 60 days of your request. Securitization reviews cannot begin until all items are received within the due date.

Below is information on how to submit the request for **item # 4.**

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 : **"This is for self-insured - collateral review"**

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



Loss Report Requirements Inactive - Self-Insured – Security Review-TN No Open Claim Amount

Please add the employers' information in the header section of loss report as described below:

Employer Name and Its TN's Qualified Self-Insured Subsidiaries
Loss Run Report for the period from inception date to cancellation date

For example, the Company was self-insured between **1/1/1995 and 4/15/2015**, the Company's fiscal year end date as of **6/30**, and the Company requests the security review on **XX/XX/XXX (current date)**, the loss run reports should be provided as detail below:

1. Report as of **6/30/2015**: this report should include all claims from 1/1/1995 to 4/15/2015
2. Report as of **6/30/2016**: this report should include all claims from 1/1/1995 to 4/15/2015
3. Report as of **6/30/2017**: this report should include all claims from 1/1/1995 to 4/15/2015
4.till the current date of the request,
5. Report as of **XX/XX/XXXX**: this report should include all claims from 1/1/1995 to 4/15/2015

Each report should include at the minimum with details listed below:

- 1) Column of Name,
- 2) Column of Loss Date,
- 3) Column of Closed Date,
- 4) Column of Total Incurred,
- 5) Column of Total Paid,
- 6) Column of Total Outstanding,
- 7) Column of SIR Level column,
- 8) Column of Nature of Injuries,
- 9) Subtotal Each Year, Based on Fiscal Year End Date, and
- 10) Grand Total for all years.

