WCD | Workers' Compensation Division

Department of Consumer and Business Services

Claim Move Notice:

Changing locations of processing or storing of claims

IMPORTANT: The insurer must notify the Oregon Workers' Compensation Division **at least 10 days** before the effective date of a change in claims processing location or service company. See OAR 436-050-0110(4) (insurers) and OAR 436-050-0210(4) (self-insured employers) for more details on these requirements.

NOTE: If an insurer elects to use a service company, a copy of the agreement between the insurer and the service company must be submitted and approved before using the service company in Oregon.

Insurer Information

Insurer's name: _____ FEIN: _____

Group name: _____ NAIC: _____

Current Processor and Location

Processor name: _____ Phone: _____

Contact person: _____ Title: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Contact email for insurer claims at this processor: _____

New Processor and Location

Processor name: _____ Phone: _____

Contact person: _____ Title: _____

Email: _____ Fax: _____

Street address: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Transfer Date

Effective date: _____

Claims Involved

All claims? Yes ☐ No ☐ Does this include closed and denied claims? Yes ☐ No ☐

If no on either of the above, provide specifics of which claims are being moved. (Example: Is it all claims for an employer within a date range? Only open claims?) A complete list must be provided upon request if further clarification is needed.

_____

_____

_____

_____

If you have questions, contact insurer registration, Workers' Compensation Division, at 503-947-7603 or 503-947-7705.

Mail this form to: OR Workers' Compensation Division
Attn: Insurer Registration
P.O. Box 14480
Salem, OR 97309-0405

Or fax it to: 503-947-7725

Or email it to: insurerregistration.wcd@oregon.gov

Insurer representative completing form:

Name: _____ Title: _____ Date: _____

Phone: _____ Fax: _____ Email: _____

For department use					
WCD number:		Old processor number:		New processor number:	
Date received:		Initials:		Date processed:	