Workers' Compensation Division
Department of Consumer and Business Services

Service Company Contact Update

IMPORTANT: The insurer must notify the Oregon Workers' Compensation Division **at least 30 days** before the effective date of a change in contact information. See OAR 436-050-0110 (insurers) and OAR 436-050-0210 (self-insured employers) for more details on contact requirements.

Company information

Company full name: _____ FEIN: _____

Oregon contact information

Headquarters (HQ):

Contact person: _____ Phone: _____

Email: _____ Fax: _____

Street address: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Claims Processing (CLM):

Contact person: _____ Phone: _____

Email: _____ Fax: _____

Street address: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

If you have questions, contact insurer registration, Workers' Compensation Division, at 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

Service company representative completing form:

Name: _____ Title: _____ Date: _____

Phone: _____ Fax: _____ Email: _____

For department use

WCD number: _____ Date received: _____

Initials: _____ Date processed: _____