

Workers' Compensation Self-Insurance Group (SIG) Merger Checklist

Subject to the approval of the Commissioner of Insurance, a Group may merge with another Group engaged in the same or a similar type of business, if the resulting Group assumes in full all obligations of the merging Groups.

If the merger will effect a change in Administrator or service company, an increase in deposit or bond requirements, or other transactions as noted in the Notification Form, please submit that information as a separate filing.

Please submit the following documentation for consideration of the merger:

SIG notification form (FIN468).

Certificate of Approval for all non-surviving

SIGs Plan of merger, supported by a board of directors resolution, from each SIG, verified by minutes from the board of directors meeting, setting forth the following items:

- o Name of each SIG party to the merger.
- o Name of the surviving SIG.
- o Effective date of the proposed merger.
- o Statement setting forth that the surviving SIG will assume all liabilities of the non-surviving SIG.

Notice to the employer members of the merger

Balance sheet reflecting the financial condition of each SIG pre-merger, and consolidated effect post merger

📧 Email filing to CLRFilings@tdi.texas.gov

▶ Questions?

Email us at CompanyLicense@tdi.texas.gov