Name of Workers’ Compensation Network:

TDI Network Certification Number (if network is certified):

Contact Person:

Contact Person’s Phone Number and Email Address:

We need to know which insurance carriers your network contracted with as of **May 31, 2023**. The due date for this information is **December 4, 2023**.

If your network has a contract with an entire commercial group of insurance carriers or an intergovernmental risk pool, please indicate that this is a group contract and provide all the individual company or political subdivision federal employer identification numbers (FEINs) if available.

**Note:** Workers’ compensation insurance carriers include commercial insurance companies, individually certified self-insured employers, group self-insured employers, political subdivisions, and the State of Texas workers’ compensation programs (for example, the State Office of Risk Management, UT System, Texas A&M System, and the Texas Department of Transportation).

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| **Insurance Carrier Name** | **Insurance Carrier** **FEIN** | **Effective Date of Network Contract (MM/DD/YYYY)** |
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