

Workers' Compensation Self-Insurance Group (SIG) Notification Form

NOTIFICATION TO THE COMMISSIONER OF INSURANCE OF THE STATE OF TEXAS
PURSUANT TO 28 TEXAS ADMINISTRATIVE CODE §5.6404:

On behalf of _____
(Full name of SIG)

_____ 20_____
(date)

(Mailing Address)

(City) (State) (Zip Code)

(Office Phone) (Fax Number) (Toll Free Number)

(Location of Books & Records)

(Date of Organization of the Group)

Check one of the following:

_____ The combined net worth of all employer members is \$2 million or greater

or

_____ The trust has participant surplus, including accrued participant dividends of at least \$2 million (discounted reserves may not be considered in determining the \$2 million)

Please check the change in the information filed by the group for the application for initial Certificate of Approval or in the SIG's manner of compliance with Labor Code §407A.051(c) and 28 Texas Administrative Code §5.6403:

Financial compliance:

____ Incurred Liability security deposit

Comments: _____

____ 10-Day Hazardous Financial Condition

Comments: _____

____ Merger Comments: _____

____ Fidelity or performance bonds held on behalf of the Administrator or Service Company
Comments: _____

____ Excess of Insurance
Comments: _____

____ Changes to the address in this state where the books and records of the Group will be maintained at all times; or request to move books and records out of Texas.
Comments: _____

____ 5% investment request
Comments: _____

Operational compliance:

____ Changes to the articles of association or declaration of trust of the Group (i.e. name changes, home office changes, etc.)

Comments: _____

____ Changes to or new agreements entered into with an Administrator or a service company

Comments: _____

____ Changes to the bylaws of the Group

Comments: _____

____ Changes to the agreement between the Group and each employer who is a member of the Group that secures the payment of workers' compensation benefits; and includes provisions for payment of assessments.

Comments: _____

____ Changes to the initial board of trustees and/or Administrator of the Group, including changes in executive officers for the SIG, Administrator, TPA, and Service Company.

Comments: _____

____ Change to accountant and/or actuary

Comments: _____

____ Increase/Reduction in Membership

Comments: _____

____ Cancellation/termination of Certificate of Approval

Comments: _____

Applicant Officers' Certification and Attestation

President of the Board of the applicant SIG and the president of proposed Administrator of the applicant SIG must read the following very carefully:

1. We hereby certify, under penalty of perjury, that we have read the application, that we are familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. We are aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for discipline or other administrative action and may subject us or the Applicant, or both, to civil or criminal penalties.
2. We acknowledge that members of the applicant Group are in the same or similar type of business as required by Labor Code §407A.002(a)(1).
3. We acknowledge that the members of the Group have the same governing classification or are similar enough in operation in the Commissioner's discretion to be grouped together.
4. We acknowledge that the Trade or professional association has been in existence for purposes other than insurance for five years prior to the organization of the Group.
5. We hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed this _____ at _____.

Date

Signature of President of the SIG Board

Full Legal Name

Date

Signature of President of the Administrator

Full Legal Name

Signature of Witness

Full Legal Name of Witness