TEXAS 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
- 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:
  - Name of each SIG party to the merger.
  - Name of the surviving SIG.
  - Effective date of the proposed merger.
  - 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