

RULE 32

REPORTING OF COMPENSATION INSURANCE

- A.** The insurer shall file a report as required by section 48-144.02 with the court within 10 days after a workers' compensation insurance policy is written, renewed, extended, or reinstated. The insurer shall give notice to the court of cancellation or nonrenewal of a workers' compensation insurance policy as required by section 48-144.03.
- B.** Any such report or notice shall be provided in writing or by electronic means, if such electronic means is approved by the administrator of the court. If such report or notice is filed by electronic means pursuant to such an approval, it shall be deemed given upon receipt and acceptance by the court. Written reports or notices filed with the court shall be made by means of the Record of Compensation Insurance (Form 12), and shall be deemed given upon the mailing of such report or notice by certified mail.
- C.** If an endorsement changes neither the insured's name, address, the effective date nor the expiration date, and does not affect the policy number, then it is not necessary to file another report with the court.
- D.** For multiple entities with the same policy number, each different name and address shall be reported to the court. If there are multiple locations, the locations shall be listed separately.
- E.** The Form 12P shall be filed by the risk management pool with the court within 10 days after the pool is organized showing the name and local addresses of its members. Within 10 days after any new member is accepted or whenever any member of a pool voluntarily terminates membership or is involuntarily terminated, the Form 12P shall be filed with the court showing the name, local address and effective date of termination or joinder of any single member. For multiple entities within the jurisdiction of a single member, each different name and address shall be listed on the Form 12P or on an attached sheet. If there are multiple locations in Nebraska, the locations shall be listed on the Form 12P or on an attached sheet.
- F.** Exact copies of the Record of Compensation Insurance (Form 12) and the Record of Compensation Insurance – Form 12P appear on the two pages following this rule.

Sections 48-144.02, 48-144.03, 48-144.04, 48-146.01, 48-146.03, R.R.S. 2010.

Effective date: June 6, 2006.



Nebraska Record of Compensation Insurance — Form 12P

Intergovernmental Risk Management Pool

To be used to provide information on each pool member involved in the event of organization, joinder, or termination, within 10 days of the event. Only one member of a pool may be reported on a Form 12P.

1. Name and Address of Member of Risk Management Pool:

Phone: _____ Dept. of Insurance Code: _____

2. Name of Member: _____

3. Event Reported (check one and give the effective date):

Initial Organization of Pool Effective Date: _____

New Member Effective Date: _____

Termination of Member Effective Date: _____

4. For workers' compensation purposes, list any separately named entities under the jurisdiction of this member from which employees work and the location. (If additional space is needed, attach a separate sheet.)

| Name | Address | FEIN |
|-------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

5. Name of Pool Administrator: _____

Address: _____

6. Prepared by (please type): _____

Phone: _____

7. Mail to: **Nebraska Workers' Compensation Court**
PO Box 98908
Lincoln NE 68509-8908
402-471-6468 or 800-599-5155