



## Oklahoma Workers' Compensation Court

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# NOTICE REGARDING SUBMISSION OF PROOF OF COVERAGE FILINGS REQUIRED BY LAW

**To:** All Insurers Licensed to Write Workers' Compensation Insurance in Oklahoma  
**From:** Court Administrator Marcia Davis  
**Date:** December 27, 2006

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The National Council on Compensation Insurance (NCCI) has agreed to collect from insurers writing workers' compensation insurance in Oklahoma (insurers), statutorily required proof of workers' compensation insurance coverage for their insureds, and to report such information to the Oklahoma Workers' Compensation Court (OWCC).

Proof of coverage (POC) information includes, but is not limited to, proofs of coverage, cancellations of coverage, reinstatements and policy endorsements.

**The option of submitting POC information to the OWCC using the NCCI POC system will be implemented in Oklahoma on February 1, 2007.**

**Receipt of the proof of coverage (POC) information by NCCI shall constitute receipt by the OWCC and eliminate the need of an insurer to submit paper certificates of coverage and policy changes to the OWCC.**

**IN THE EVENT OF CANCELLATION** of a workers' compensation insurance policy, an insurer must fully comply with Title 85 O.S., Section 64(G) which, in addition to requiring notice of cancellation to OWCC, also requires serving the insured employer with notice of intent to cancel. Notice of intent to cancel provided to NCCI or OWCC **DOES NOT** serve as notice to the insured employer of intent to cancel.

The OWCC designates, for all POC information reported to the NCCI **on or after implementation of the NCCI POC system in Oklahoma**, the standard "Workers' Compensation and Employers' Liability Insurance Policy Information Page" and the NCCI standard "Policy Termination/Cancellation/Reinstatement Notice" as the forms to be used by all insurers participating in the NCCI POC system. In lieu of submitting the NCCI forms to NCCI, insurers may supply the POC information contained on the NCCI forms by electronic means if permitted by NCCI.

**To participate in the NCCI POC system, an insurer must:** (1) Notify the OWCC Insurance Department, 1915 N. Stiles Avenue, Oklahoma City, OK 73105 using the attached OWCC form NOTICE OF ELECTION BY INSURER TO USE THE NCCI POC INFORMATION SYSTEM; (2) authorize the NCCI to make the required filings of notice of insurance coverage data on

behalf of the insurer, and (3) report its policy information, including, but not limited to, proofs of coverage, cancellations, reinstatements, and endorsements, to the NCCI in accordance with NCCI reporting guidelines. Additional information regarding how to participate in the NCCI POC system may be obtained from Linda Presutti, NCCI, at 901 Pennsylvania Corporate Circle, Boca Raton, FL 33487.

An insurer that participates in the NCCI POC system must:

Report at least the following policy information to the NCCI for each insured employer named on the policy:

- Name of Insured(s)
- Mailing Address of the insured(s)
- All physical locations of the insured(s) in the State of Oklahoma
- Federal Employer ID Number of the insured(s)
- Name of Insurer
- Policy Number
- Effective date of policy
- Expiration date of policy
- NAICS (North American Industry Classification System Code) of the insured(s)

Report proof of coverage to the NCCI no later than 30 days after the effective date of the policy or renewal of coverage.

Report reinstatements and endorsements to the NCCI in accordance with NCCI reporting guidelines.

Workers' Compensation Court Rule 63 requires disclosure of an insured's Certified Workplace Medical Plan (CWMP), if any, on an insurer's certificate of coverage filed with the OWCC. If an insurer elects to participate in the NCCI POC system, it must separately notify the OWCC of the CWMP information. A different reporting mechanism for the CWMP information is being developed.

Workers' Compensation Court Rule 10(C) requires each insurance carrier to designate a single service agent on OWCC Form 7 filed with the Court. This requirement continues and is unchanged by participation in the NCCI POC system.

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**Direct Questions to Richard M. Fisher,  
Workers' Compensation Court Insurance Department,  
at 405-522-8680 or [rfisher@owcc.state.ok.us](mailto:rfisher@owcc.state.ok.us).**

**Periodic updates about the NCCI POC system  
will be posted on the Workers' Compensation Court's web site at  
[http://www.owcc.state.ok.us/Whats\\_New.htm](http://www.owcc.state.ok.us/Whats_New.htm).**

**NOTICE OF ELECTION  
BY INSURER  
TO USE THE NCCI POC INFORMATION SYSTEM**

\_\_\_\_\_, an insurer providing workers' compensation coverage in Oklahoma pursuant to Title 85 O.S., Section 61(A)(1)(2)(3), hereby provides notice of its election, effective the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, authorizing the NCCI to electronically provide statutory proof of coverage and cancellation notices on behalf of the insurer and the following affiliated companies, to the Oklahoma Workers' Compensation Court (OWCC) in lieu of submitting paper forms.

The following companies are affiliates of the insurer and provide workers' compensation coverage in Oklahoma pursuant to Title 85 O.S., Section 61(A)(1)(2)(3) and are covered by this election: \_\_\_\_\_

*Affiliated companies. If none enter NONE. If more space is needed use reverse side.*

\_\_\_\_\_  
*Name of Insurer* acknowledges on its own behalf and on behalf of the affiliated companies listed above, receipt of the Oklahoma Workers' Compensation Court's **NOTICE REGARDING SUBMISSION OF PROOF OF COVERAGE FILINGS REQUIRED BY LAW** and further acknowledges the contents and requirements thereof.

Participation in the POC system will remain in effect for insurer and affiliated companies until expressly terminated by the insurer by written notice to the OWCC Insurance Department. Any change in the insurer's company information, including but not limited to changes of name, address, phone number, contact person or affiliated companies, shall be reported in writing to the OWCC Insurance Department within 30 days of such change.

\_\_\_\_\_  
*Signature of authorized agent*

\_\_\_\_\_  
*Printed name of authorized agent*

\_\_\_\_\_  
*Title or position with insurer*

