



Designation of insurance carrier's Austin representative

Part 1. Insurance carrier information

1. Insurance carrier name	2. Insurance carrier group affiliation (if applicable)
3. Insurance carrier primary mailing address (street or PO box, city, state, ZIP code)	
4. Insurance carrier Federal Employer ID Number (FEIN)	5. Insurance carrier TXCOMP Customer ID number (if known)

Part 2. Austin representative information

6. Austin representative name (first, middle, last)	7. Austin representative organization name
8. Austin representative mailing address (street or PO box, city, state, ZIP code)	
9. Austin representative email	10. Austin representative phone number ()
11. Austin representative fax number ()	12. Austin representative FEIN

Part 3. Insurance carrier affirmation

I designate the person named in Box 6 as my Austin representative. I authorize them to act as my agent for receiving notices, letters, and other correspondence from the Texas Department of Insurance, Division of Workers' Compensation (DWC). I affirm that:

- the insurance carrier listed above authorizes me to act on its behalf;
- the contract or agreement with the Austin representative requires that workers' compensation information involved in DWC communications remains subject to the confidentiality requirements of the Texas Labor Code, Title 5, Subtitle A, (Texas Workers' Compensation Act), if applicable; and
- the Austin representative and its designees, if any, will store workers' compensation claim information in a secure environment with appropriate security and privacy safeguards to prevent unauthorized access to or disclosure of the information.

I acknowledge that the insurance carrier is responsible for the acts or omissions of its designated representative and the representative's designees.

13. Signature of insurance carrier's Austin representative coordinator	14. Coordinator's name
15. Date of signature (mm-dd-yyyy)	16. Coordinator's phone number

FAQ

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Does every insurance carrier have to file this form?

All insurance carriers as defined by Texas Labor Code Section 401.011(27) must complete this form. Insurance carriers include:

- an insurance company;
- a certified self-insurer for workers' compensation;
- a certified self-insurance group; and
- a governmental entity that self-insures, either individually or collectively.

When do I need to file this form?

Insurance carriers should file this form before they begin to provide workers' compensation insurance coverage in Texas and when the information they previously filed changes. Failure to file this form may result in correspondence delays and an administrative violation.

When does a change in an Austin representative become effective?

By DWC rule, a person designated as an insurance carrier's Austin representative remains the representative until 30 days after DWC receives notice that the insurance carrier designated another Austin representative.

Where do I get the insurance carrier's TXCOMP Customer ID number?

You can get the insurance carrier's TXCOMP Customer ID number using the "Locate Insurance Carrier" function in TXCOMP at www.tdi.texas.gov/wc/txcomp.html. Search for the insurance carrier using its name or FEIN.

Where do I get the Austin representative's FEIN?

The insurance carrier should ask for the FEIN from its intended Austin representative during the contract negotiation process.

Questions?

Contact DWC Insurance Coverage at 800-372-7713, option 6 or email coverage.verification@tdi.texas.gov.

Note: With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or go to the Corrections Procedure section at <https://www.tdi.texas.gov/commissioner/legal/lccorprc.html>.