2. Coverage effective dates (mm/dd/yyyy)



1. Name

PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Governmental entity coverage information

Part 1. Governmental entity information

	From: To:
3. Physical address (street, city, state, ZIP	4. Federal employer identification number (FEIN)
5. Contact name	6. Contact phone number
7. Contact email	8. Date this form is completed (mm/dd/yyyy)
9. How is the governmental entity p period?	roviding workers' compensation benefits for the coverage
Choose one option and follow the inst	ructions for that option.
Self-insurance. (If you check this box, of field blank.)	omplete Part 2. Claim administration contact information. Do not leave any
Interlocal agreement with other go	overnmental entities, also known as a pool. Complete the following:
a. Pool or group name:	
b. FEIN:	c. Contact name:
d. Contact phone number:	e. Contact email:
Part 2. Claim administration co Claim adjustment 16. Business name	ntact information 17. Effective date (mm/dd/yyyy)
18. Business address (street or PO box,	city, state, ZIP code)
19. Email	
20. Phone number	21. Fax number
22. Comments	

DWC020SI Rev. 08/24 Page 1 of 4

Coverage verification		
23. Business name		24. Effective date (mm/dd/yyyy)
25. Business address (street or PO	box, city, state, ZIP code)	
26. Email		
27. Phone number	28. Fax numbe	er
29. Comments		
Medical billing		
30. Business name		31. Effective date (mm/dd/yyyy)
32. Business address (street or PO	box, city, state, ZIP code)	
33. Email		
4. Phone number		35. Fax number
36. Comments		
Pharmacy billing		
37. Business name		38. Effective date (mm/dd/yyyy)
39. Business address (street or PO	box, city, state, ZIP code)	
40. Email		
11. Phone number		42. Fax number
43. Comments		
Preauthorization		
44. Business name		45. Effective date (mm/dd/yyyy)
46. Business address (street or PO	box, city, state, ZIP code)	
47. Email		
48. Phone number		49. Fax number
50. Comments		

DWC020SI Rev. 08/24 Page 2 of 4

Workers' compensation health care network or medical benefits plan

51. Business name	52. Effective date (mm/dd/yyyy)
53. Business address (street or PO box, city	y, state, ZIP code)
54. Email	
55. Phone number	56. Fax number
57. Comments	

DWC020SI Rev. 08/24 Page 3 of 4

FAQ

Governmental entity coverage information

When do I file this form?

You must file DWC Form-020SI, *Governmental entity coverage information*:

- **Within 10 days** after the effective date of self-insurance coverage or claim administration agreement and each year after that, no later than 10 days after the anniversary date of coverage or agreement;
- **Within 30 days** after the date the political subdivision begins to provide medical benefits in accordance with Texas Labor Code Section 504.053(b)(2);
- Within 30 days of any change in the manner the political subdivision provides medical benefits;
- On joining, leaving, or changing pools or groups; and
- On buying a workers' compensation insurance policy.

Note: A governmental entity may be subject to administrative penalties if it fails to file the DWC Form-020SI.

I provide workers' compensation coverage through a private workers' compensation insurance carrier. Am I required to file this form?

No, you are not required to file the DWC Form-020SI.

Are any fields on the form optional?

If self-insurance is selected in question 9, complete Part 2. If interlocal agreement is selected in question 9, complete the pool details in 9 a. through 9 e.

Where do I send this form?

- Email: <u>coverage.verification@tdi.texas.gov</u>
- Fax: 512-804-4146
- Create a profile in TXCOMP and upload documents.

Questions?

Email guestions to 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 www.tdi.texas.gov.

DWC020SI Rev. 08/24 Page 4 of 4