# 2016

# NOTIFICATION OF EARLY CANCELLATION OF WORKERS' COMPENSATION COVERAGE – USER GUIDE



### **Tennessee Bureau of Workers' Compensation**

*Fulfilling the Promise of Workers' Compensation Today...and Tomorrow* 

> The Coverage Verification information found on the Tennessee Bureau of Workers' Compensation's webpage has been expanded to allow users the ability to register to receive notification of policies that are canceled prematurely.

**DISCLAIMER:** Please be advised that the Tennessee Bureau of Workers' Compensation provides the above information as "information only" and DOES NOT affirm the accuracy of the same. Verification of premature policy cancellation is the responsibility of the notification recipient.

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#### **Coverage Lookup and Notification of Early Cancellation of Policy**

Tennessee Bureau of Workers' Compensation is proud to offer the public the ability to register and receive notification of policies that have been canceled prior to the termination date of the policy based on a search of the National Council on Compensation Insurance (NCCI) database via the Verification of Coverage link on the <u>http://www.tn.gov/workforce</u> website. This service was developed with assistance provided by the South Carolina Workers' Compensation Commission.

A contractor may employ the services of many subcontractors. Tenn. Code Ann. § 50-6-914 holds a contractor (i.e. general contractor, intermediate contractor or subcontractor) responsible for work-related injuries and deaths sustained by uninsured contractors and their employees while performing work on behalf of the contractor. Many contractors require their subcontractors to procure a policy of Workers' Compensation coverage to protect the contractor, the subcontractor and the subcontractor's employees. This imposes a significant burden upon the contractor to ensure that each Certificate of Insurance provided is current, correct and valid. This notification service provided by the Bureau, which will electronically generate a notification of cancellation of a subcontractor's coverage and transmit that data to all parties registered with this service, will greatly reduce that burden, improve the likelihood that all parties comply with the workers' compensation laws, provide a safety net of benefits to construction employees, and reduce incidents of fraud.

Parties likely to be interested in this service include residential and commercial general contractors, intermediate contractors, subcontractors, and their employees; Workers' Compensation insurance providers their agents and adjusters; property & casualty insurance agents; landscapers, other industries that use subcontractors; the Tennessee Uninsured Employer's Fund and the Tennessee Employee Misclassification Education and Enforcement Fund; other government agencies responsible for enforcement of insurance fraud laws; and the citizens of Tennessee whose tax dollars support law enforcement efforts and who pay higher premiums when costs of fraud are passed through to consumers.

#### **Registration for Notification of Early Cancellation of Policy**

To register an email address to receive notification of early cancellations of workers' compensation insurance policies, please follow the steps provided below.

 From the Tennessee Bureau of Workers' Compensation's website, available at: <u>www.tn.gov/workforce/section/injuries-at-work</u>, select "Coverage Verification" under Available Resources.

| What Happens Now?         | Benefits                     | Help With Your Claim         | Workers' Comp Forms                           |  |
|---------------------------|------------------------------|------------------------------|---|--|
| Employee Responsibilities | Know Your Benefits           | Injured Employees Assistance | Formas en Español                             |  |
| Employer Responsibilities | Medical Benefits             | Employ Assistance            | Claims Mediation and Medical Forms            |  |
|                           | Medical Treatment Guidelines | Worker Protection Programs   | Mediation Forms                               |  |
|                           | Medical Fee Schedule         | Other Medical Programs       | Medical Forms                                 |  |
|                           | Wage Replacement             | Court of WC Claims           | Court of Workers Compensation Claims<br>Forms |  |
|                           | Returning to Work            | Appeals Board                | Settlement Approval Forms                     |  |
|                           |                              |                              | Workers' Compensation Appeals Board<br>Forms  |  |
|                           |                              |                              | Coverage Forms                                |  |
|                           |                              |                              | (>) See More                                  |  |

2. Acknowledge and affirm notification of disclaimers by clicking "Accept." Next enter the security code for access to NCCI's search and click "Submit."

|  | Tennessee Department of Labor and Workforce Development - Division of Workers Compensation  |  |  |  |  |
|--|---|--|--|--|--|
| OTICE AND DISCLAIMER   |   |  |  |  |  |
| urpose – No Scripting or Automatic Retrieval   |   |  |  |  |  |
| ise purpose of this website and Coverage Verification Service is to assist you in determining whether an employer has wo<br>at wrote a workers compensation policy for a specific disc. Plessen stea that Coverage Verification<br>orkers compensation insurance coverage. Coverage Verification Service may not be used in any other manner or for any<br>oblikied.   | Service is being provided to you for your personal, non-commercial use only, solely to verify an employer's   |  |  |  |  |
| imitation of Available Information   |   |  |  |  |  |
| an employer query does not produce any result(s) this may not mean that the employer does not have insurance or<br>limitations with the policy information. Imployer queries should be specific. Open ended queries may not return any restric-<br>overage Verification Service. You may not disable or otherwise work around any restrictions and limitations that may be<br>up being unable to access Coverage Verification Service. Scripted queries and automatic retrieval(s) is/are expressly proin-<br>this page. | ults. In the event of excessive queries, you may be prohibited from accessing the information provided under<br>a part of Coverage Verification Service, such as CAPTCHA. Any attempt to do so is prohibited and will result in |  |  |  |  |
| Accept   |   |  |  |  |  |
|  |   |  |  |  |  |
| Type the characters as they ap   | ess the Search functionality:<br>prear in the image above and click Submit.<br>r must be set to allow scripting.  |  |  |  |  |
|  |   |  |  |  |  |
|  | Submit  |  |  |  |  |

3. Enter the search criteria for the Employer (contractor, intermediate contractor, or subcontractor) in question. You can enter a specific coverage date you want to verify or you can leave the date blank to default to the current date. Click "Search". Search results will display below.

| Tennessee Department of Labor and Workforce<br>Development - Division of Workers Compensation |   |  |  |  |
|---|---|--|--|--|
| Employers' Workers' Compensation Insurance Coverage Verification                              |   |  |  |  |
| Select Coverage Date<br>Employer Name<br>OR<br>Federal Employer Identification<br>Number      | Default = Today's Date <ul> <li>Contains</li> <li>Starts With</li> </ul> Search |  |  |  |

If coverage information is available, the following screen will be presented. If more than one name is shown, click on the name of the employer you are researching and the hyperlink will take you to the policy information that corresponds with the date you entered in the previous step.

|   | Employers' Workers' Compensation Insurance Coverage Verification   |
|---|--|
|   | Select Coverage Date 1/1/2016 Today's Date<br>Employer Name ABC COMPANY © Contains © Starts With<br>OR<br>Federal Employer Identification Number<br>Search Reset |
|   |  |
| The following policy level                  | esult(s) do not imply coverage for this Employer in this state. Please click on a row to verify coverage information.  |
| The following policy level<br>Policy Number | esult(s) do not imply coverage for this Employer in this state. Please click on a row to verify coverage information. Primary Policy Name                        |
|   |  |
| Policy Number                               | Primary Policy Name  |

4. The next screen will list information for the policy in place for the date selected. If you would like to request of any early cancellations that might occur for the policy selected, click on the link provided.

| Tennessee Department of Labor and   | d Workforce Development - Divisior                  | n of Workers Compens               | ation |                |  |
|---|---|------------------------------------|-------|----------------|--|
| Employe   | rs' Workers' Compensation Insurance Coverage Verifi | cation                             |       |                |  |
|   | OR  | Contains $^{\bigcirc}$ Starts With |       |                |  |
|   | Search Reset  |                                    |       |                |  |
| Click here for Claim Processing Information and Cancellation Notification<br>Worker's Compensation Insurance Coverage Provider:<br>Policy Number: |   |                                    |       |                |  |
| Return to Policy Results  | Coverage Date:                                      |                                    |       |                |  |
| Employer Name   | Street Address                                      | City                               | State | Zip            |  |
| Y   |   | Y                                  |       | Y              |  |
| ABC COMPANY INC.  | 1000 NASH VILLEPIKE                                 | NASHVILLE                          | TN    | 37217-<br>3562 |  |

5. Enter and confirm your email address.

| TN Department o<br>Labor & Wor<br>Developmen | rkforce Bure                              | au of Worke   | rs' Compensa   | ition |
|--|---|---|--|-------|
| Be   | low is the result of your Tenne           | essee Workers' Compensatio                                | n insurance coverage inquiry   |       |
| 7AB5   | 3546FD                                    | RED RIVER INS CO  | ABC COMPANY INC  |       |
| Effec  | tive Date: 12/1/2015                      | WC Carrier Code: 45618                                    | 100 Nashville Pike   |       |
| Canc   | ellation Date: 00/00/0000                 | 200 West Road   | NASHVILLE, TN 37217  |       |
|  |   | ERIE, PA 145871   |  |       |
|  | Confirm Email Address :                   | Submit Reset  | net  |       |
|  | ((<br>Code Ann. § 50-6-914, a general con | contractor.<br>Isation provides the above informat<br>the | xers' Compensation injuries/costs incu<br>ion as 'information only' and DOES ? |       |

Upon successful submission you will receive a notification that the request was received.

Notification request received. You will receive confirmation email soon.

#### **Notification of Successful Registration**

You will receive an email as confirmation of your successful registration.

#### Example Email:

Subject: Tennessee Bureau of Workers' Compensation- Registration for Notification of Early Policy Cancellation

You have registered this email address to receive notification of early policy cancellation for:

Policy: WC123456789

Effective Date: 01/01/2012 Carrier: XXX Insurance Carrier Policy issued to: XXX Employer

### If you have received this email in error, please contact Tennessee Bureau of Workers' Compensation at <u>WC.POC@tn.gov</u>

**Disclaimer:** Pursuant Tenn. Code Ann. § 50-6-914, a general contractor is considered liable for Workers' Compensation injuries/costs incurred by an uninsured sub-contractor. Please be advised that the Tennessee Bureau of Workers' Compensation provides the above information as "information only" and DOES NOT affirm the accuracy of the same.

Verification of premature policy cancellation is the responsibility of the notification recipient

If you do not receive a confirmation within a few minutes check your junk email and/or spam email box. If the email is found there, you should follow your service providers' directions for saving this service as a trusted sender.

If you don't receive an email at all, you may have entered an incorrect email address. Please try again or contact <u>WC.POC@tn.gov</u>

**Please Note:** Once the initial notification of cancellation email is sent to the requestor, the registration for notification is deactivated. If you wish to follow the new policy, if one exists, it will be necessary to register the new policy.

#### **Notification of Early Policy Cancellation**

If an early policy cancellation is received an automated email will be sent to the registered email address.

#### Example Email:

Subject: Tennessee Bureau of Workers' Compensation - Notification of Early Policy Cancellation

This is a notification from the Tennessee Bureau of Workers' Compensation that the following policy may have been cancelled by the policy holder prior to the policy's end date. You are receiving this notification because you asked to be notified in the event of an apparent premature policy cancellation in coverage for the Workers' Compensation insurance policy listed below.

Policy Issued To: XXX

Employer Policy: WC123456789

**Effective Date**: 99/99/9999

Cancellation Date: 99/99/9999

Carrier: XXX Insurance Company

**Disclaimer:** Pursuant to Tenn. Code Ann. § 50-6-914, a general contractor is considered liable for workers' compensation injuries/costs incurred by an uninsured sub-contractor.

The Tennessee Bureau of Workers' Compensation provides the above information as "information only" and DOES NOT affirm the accuracy of the same. Verification of premature policy cancellation is the responsibility of the notification recipient.

#### FAQ's

#### What happens if I change my email address?

The notification of early cancellation will be sent only to the email address you registered. If your email address changes it will be necessary to re-register with the new email address.

#### Can I track more than one policy at the same time?

Yes, but you must register for each policy you would like to track.

#### What happens if there a early cancellation of a policy?

Once you receive an email notifying you that the policy you were tracking has been canceled Early, the registration for notification for that policy expires. If you wish to track the new policy you will need register for the new policy.

#### Who do I contact if I have trouble registering?

Please direct any questions or problems to the WC Claims Unit of the Bureau of Workers' Compensation by calling 615.532.2731 or via email at <u>WC.POC@tn.gov</u>.

## When I search for a policy and click the link to get the claims processing information, there is no box to enter my email address, Why?

Either:

- The information does not match an existing employer,
- There is no policy for that employer, or
- The Tennessee Bureau of Workers' Compensation has not received information about that policy.

#### I think a policy was canceled and I did not receive an email?

Several reasons could cause this to happen.

- 1. Your email that you registered with was incorrect.
- 2. You never registered for tracking that specific policy.
- 3. The cancellation transaction hasn't been processed by the TN Bureau of Workers' Compensation yet.

## Is the Tennessee Bureau of Workers' Compensation certain that the information provided through the notification system is correct?

**No** - Please be advised that the Tennessee Bureau of Workers' Compensation provides the above information as "information only" and DOES NOT affirm the accuracy of this information. Verification of any early policy cancellation is the responsibility of the notification recipient.