

**Self-Insurer's Annual Update Form
2012**

Name of Self-Insured: _____

FEIN #: _____ NYS UI Employer Registration #: _____ Carrier ID # B _____

Name of Contact Person at Self-Insured: _____

Title of Contact Person: _____ Telephone #: _____

E-Mail Address: _____ Fax #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Subsidiaries in self-insurance program:

Name: _____ FEIN#: _____ NYS UI ER#: _____

Name: _____ FEIN#: _____ NYS UI ER#: _____

Name: _____ FEIN#: _____ NYS UI ER#: _____

(Attach list if additional entities are included.)

Claims Administrator: _____

Contact Person for your account: _____

Title of Contact Person: _____ Telephone #: _____

E-Mail Address: _____ Fax #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

This TPA is handling all cases for our entire period of self-insurance? Yes ☐ No ☐

If No, answer below.

The following is a breakdown of Claims Administrators:

Dates of Accident from _____ to _____

Claims Administrator: _____

Contact Person for your account: _____

Title of Contact Person: _____ Telephone #: _____

E-Mail Address: _____ Fax #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Dates of Accident from _____ to _____

Claims Administrator: _____

Contact Person for your account: _____

Title of Contact Person: _____ Telephone #: _____

E-Mail Address: _____ Fax #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____