

TO: Workers' Compensation Claims Administrators

RE: 2025 Annual Report of Inventory for Claims Reported During Calendar Year (CY) 2024.

Title 8, California Code of Regulations, Section 10104 requires claims administrators of California workers' compensation claims to file with the Administrative Director, by April 1 of each year, an Annual Report of Inventory indicating the number of claims reported at each adjusting location for the preceding calendar year. The report for CY 2024 must be filed by April 1, 2025. Enclosed is an Annual Report of Inventory. **Even if you had no claims reported in the prior year, you must complete and submit the report.** Each adjusting location is required to submit an Annual Report of Inventory, whether or not they receive a form for reporting claims from this office.

When completing the Annual Report of Inventory, be mindful of the following requirements:

- The population of claims reported must distinguish the claims by type: **indemnity claims, denied claims, and medical-only claims.**
- The DWC Audit Unit definition of **indemnity claim** is a claim that *has resulted* in the payment of indemnity [8CCR§10100.2 (x)].
- The DWC Audit Unit definition of **adjusting location** is the following: separate underwriting companies, self-administered, self-insured employers, and/or third-party administrators operating at one location shall be combined as one audit subject (but) only if claims are administered under the same management at that location. For auditing purposes, any separate office or location whose staff includes local management may be considered a single adjusting location” [8CCR§10100.2(a)].

Instructions for Completion of the Annual Report of Inventory

The DWC Audit Unit definition of a **General Contact Person** is a person whom the Audit Unit may contact with questions concerning the contact person's office. The Audit Unit definition of **Mailing Address** is the address where the Audit may send correspondence to the contact person for that office. If your **Complaint Contact Person** is different from the General Contact Person, please provide this information on the form.

Part 1 of the Annual Report of Inventory must be completed for each adjusting location of California workers' compensation claims, including self-insured claims and/or insured claims, whether insured under specific workers' compensation policies, under commercial line policies, or the workers' compensation endorsement of homeowner commercial line policies. The report must include all workers' compensation claims, open and closed, reported at the location during the preceding year.

Part 2 of the Annual Report of Inventory must be completed for each adjusting location that administers claims for more than one entity. For instance, if claims are administered for separate underwriting companies that are part of an insurance group and/or for self-insured employers, the numbers of claims reported for each separate underwriting company of the insurer group and/or client (insurer or self-insured employer) of the TPA must be indicated separately on Part 2 of the Report of Inventory.

- Claims Administrators having two types of operations at the same location (i.e., - self-administered insurer and a third-party administrator for insurers, self-insured employers or legally uninsured employers) must submit individual reports for each operation if the separate entities (e.g., the insurer and the TPA) are under separate management.
- If claims reported to an adjusting location in 2024 were subsequently transferred during CY 2024 to another adjusting location, the claims shall be reported for the adjusting location of record on December 31, 2024.

DWC's Research Unit has asked that the Audit Unit request the claims administrator's FEIN number for each adjusting location, and the FEIN for all underwriting companies and/or clients for which claims are administered at the given location. This information will be used by the Research Unit to match claims information submitted electronically to Workers' Compensation Information System with that reported to the Audit Unit on the Annual Report of Inventory.

Penalties of up to \$500 per location for failure to timely file this Report of Inventory may be assessed under Title 8, California Code of Regulations, Section 10111.1(b) (11) or 10111.2(b) (26). This report must be filed no later than April 1, 2025. **Any report received on April 02, 2025, or beyond is considered late and subject to a penalty.**

Please email the completed document to the DWC Audit Unit mailbox: DWCAuditUnit@dir.ca.gov

Send the form in early to avoid penalties!

If you have any questions, please contact us via email: DWCAuditUnit@dir.ca.gov

Sincerely,

Department of Industrial Relations
The DWC Audit and Enforcement Unit

Enclosed Part 1 and Part 2 of this form.

2024 ANNUAL REPORT OF CLAIMS INVENTORY

To: State of California, Department of Industrial Relations
 Division of Workers' Compensation, Audit Unit ~ Attn: ARI Desk
 via email: DWCAuditUnit@dir.ca.gov

COMPANY NAME	
COMPANY FEIN	<input type="checkbox"/> Self-Administered Insurance Company or Group
STREET ADDRESS	<input type="checkbox"/> Third-Party Administrator
CITY/STATE/ZIP	<input type="checkbox"/> Self-Administered Self-Insured Employer (private or public)
MAILING ADDRESS	<input type="checkbox"/> Self-Administered Joint Powers Authority
CITY/STATE/ZIP	<input type="checkbox"/> Combination of any of the following, but only if administered under the same local management (check two or more)
CONTACT NAME	<input type="checkbox"/> Self-Administered Insurance Company or Group
TELEPHONE	<input type="checkbox"/> Self-Administered Self-Insured Employer
FACSIMILE	<input type="checkbox"/> Third Party Administrator
E-MAIL	
COMPLAINT CONTACT NAME	
COMPLAINT CONTACT MAILING ADDRESS	COMPLAINT TELEPHONE
COMPLAINT EMAIL ADDRESS	COMPLAINT FACSIMILE NUMBER

Type of Claim	Number		Number
Indemnity Designated	_____	NOTE: How many of the designated indemnity claims have indemnity payments? (Indemnity Paid)	_____
Denied	_____		_____
Medical-Only	_____		
Total:	_____		

Submitted by: _____

Title: _____

Date: _____

Note: Insurer Groups (more than one underwriting company at the same location), third-party administrators, and combinations of the two must complete Part 2.

Reports of Claims Inventory for each adjusting location of California workers' compensation claims are due by **April 1** of each calendar year for the previous calendar year. **Failure to timely submit reports may be subject to penalty assessments of up to \$500 per location.**

The sum of the totals for claims of all entities reported for Part 2 must equal the total of claims reported for Part 1.

2024 ANNUAL REPORT OF CLAIMS INVENTORY

PART 2

For each individual underwriting company in an insurance group or client of a third-party administrator (whether a self-insured employer or an insurer), whose claims are administered at the adjusting location, complete the following:

COMPANY NAME
COMPANY FEIN
STREET ADDRESS
CITY/STATE/ZIP
CONTACT NAME
TELEPHONE
FACSIMILE
E-MAIL
COMPANY NAME

CHECK ONE

- Insurance company
Self-Insured Employer (private, public or joint powers authority)

TYPE OF CLAIM

Indemnity
Denied
Medical-only
Total

Note: How many of the designated indemnity claims have indemnity payments? (Indemnity Paid)

COMPANY NAME
COMPANY FEIN
STREET ADDRESS
CITY/STATE/ZIP
CONTACT NAME
TELEPHONE
FACSIMILE
E-MAIL
COMPANY NAME

CHECK ONE

- Insurance company
Self-Insured Employer (private, public or joint powers authority)

TYPE OF CLAIM

NUMBER

Indemnity
Denied
Medical-only
Total

Note: How many of the designated indemnity claims have indemnity payments? (Indemnity Paid)

Complete and attach additional sheets if necessary. The sum of the totals for claims of all entities reported for Part 2 must equal the total of claims reported for Part 1.