

REPORT OF TRANSFER OF RECORDS

Report the transfer of records by the effective date to the Office of Self Insurance Plans (OSIP) with this form. File an Interim Annual Report within 30 calendar days at <https://efiling.dir.ca.gov/OSIPO> if the transfer is to a new administrative agency.

Please see [§15402.2. of the California Code of Regulations, Title 8](#) for more information on reporting the transfer of records.

Self Insured Employer _____ Effective Date of Transfer _____
Self Insured Certificate Number _____ Is this a change to or from self administration? Yes No
Number of Records to be Transferred _____ Full Transfer Partial Transfer

Records will be transferred from:

TPA/Self-Administered _____ Certificate Number, if known _____
Location Contact _____ Title _____
Physical Address _____
City _____ State _____ Zip Code _____
Phone Number _____ E-mail Address _____
Qualified Administrator _____ Title _____
Phone Number _____ E-mail Address _____

Records will be transferred to (provide administrative or storage location):

TPA/Self-Administered _____ Certificate Number, if known _____
Location Contact _____ Title _____
Physical Address _____
City _____ State _____ Zip Code _____
Phone Number _____ E-mail Address _____
Qualified Administrator _____ Title _____
Phone Number _____ E-mail Address _____

Storage Facility _____
Contact Person _____ Title _____
Physical Address _____
City _____ State _____ Zip Code _____
Phone Number _____ E-mail Address _____

Attach a list of all open and closed indemnity claim files whose records are being transferred (alphabetically within each reporting year). The list should include the:

- claimant name
- date of injury
- description of injury
- amount of indemnity and medical payments paid to date
- estimated future liability of indemnity and medical payments

Any Comments?

Records are being transferred to a new administrative agency and a copy of this form will be sent to them.

Submitted by _____ Title _____ Date _____
TPA/Self-Administered _____ Phone Number _____
E-mail Address _____

Please e-mail or mail this notice along with the list of open and closed indemnity records.

