



CLAIMS ADMINISTRATION QUESTIONNAIRE

I. SELF-INSURED INFORMATION (Complete each question)

1. Company Name: _____
(Enter Name of Third Party Administrator or Indicate "Self-Administered")
2. Account Name: _____
3. Briefly describe the business of the self-insured employer: _____

4. Length of time in business: _____
5. How long has employer been self-insured? _____
6. Date Self-Administration was initiated, if applicable: _____

II. DATA & INFORMATION SYSTEMS (Complete each question)

1. Claim Information Tracking System - indicate the type of system used to manage claim data:
_____ Manual Ledger
_____ Personal Computer
_____ Mainframe (initial claim information only)
_____ Other, describe: _____
2. Software - indicate major source(s) of system software:
_____ Manual Ledger
_____ PC, designed "in-house"
_____ PC - Vendor; vendor name: _____
_____ Mainframe, designed "in-house"
_____ Mainframe - Vendor; vendor name: _____
3. Frequency Loss Reports Compiled for Self-Insured Management:
_____ Weekly _____ Quarterly _____ Annual
_____ Monthly _____ Semi-Annual
_____ As requested (average frequency reports requested)



4. Data Base - Can loss information be extracted?

_____ No _____ Yes

If yes, please check all criteria below that can be selected for reporting purposes.

- | | |
|---------------------------------|--|
| _____ paid, reserves, and total | _____ injury description |
| _____ incurred per claim | _____ settlement date |
| _____ allocated expenses | _____ medical, indemnity & expense (list separately) |
| _____ description of loss | _____ claimant educational level |
| _____ accident year | _____ claimant date of birth |
| _____ calendar year | _____ marital status of claimant |
| _____ claim number | _____ open or closed claims |
| _____ loss/accident date | |

III. CLAIM ADMINISTRATION (Complete each question)

1. Name of Claim Manager: _____

Who does the Manager report to within the self insured organization?

_____	_____	_____
(Name)	(Title)	(Department)

2. How many people are involved in claim handling (excluding clerical)?

_____ Number of Full-time staff
 _____ Number of Part-time staff

3. Are claims handled at headquarters only or at several locations? _____

(Please attach a complete list of claim handling locations)

4. If claims are not handled at a central location please describe management reporting and controls:

5. Name of person(s) supervising claim handlers:

<u>Name</u>	<u>Settlement Authority Limit</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____



6. Briefly summarize insurance/claims experience of each manager(s), supervisor(s), and claim handler(s):
(Resumes are acceptable, attach as appropriate.)

<u>Name</u>	<u>Experience</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. Briefly describe training/continuing education activities for claims handlers and supervisors.
- _____
- _____
- _____

8. What is the approximate number of new claims reported each month?

Medical Only: _____
Lost Time: _____

9. How many claims are assigned to each claim handler?

Number
_____ Lost Time Claims
_____ Medical Only Claim
_____ Employers Liability Claims

10. Who is responsible for notifying the excess insurer of potential losses?

Name: _____

Title: _____



11. Describe your excess reporting requirements and procedures:

IV. **LOSS MANAGEMENT** (Complete each question)

1. What is your claims disposition settlement policy?

(Please explain -- including settlement methods and names of responsible individuals(s) with decision making authority.)

2. Do you actively engage in loss control/prevention activities?

_____ No _____ Yes

(If yes, briefly describe these activities and identify who handles loss control/prevention programs)

3. Describe your medical cost control and medical management procedures:

4. Do you have a light work and/or return to work policy/program

_____ No _____ Yes

5. What measures other than #3 above do you use for vocational rehabilitation? (briefly describe)



6. Who is responsible for reporting claims to your claim handlers?

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

7. How do you investigate losses? (check as appropriate)

_____ Telephone contact only
_____ Retaining of independent adjusters
(List of firms generally hired): _____
_____ Use of claim handling employees
_____ Other, (Please explain): _____
_____ Claims not investigated

8. Describe your litigation management procedures:

9. Who attends hearings before the Workers Compensation Board/Industrial Commission?

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

10. List retained defense counsel:

<u>Name</u>	<u>Firm</u>	<u>City</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Who selects, directs and monitors defense counsel?

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____



V. **RESERVING** (Complete each question)

1. Who is responsible for establishing reserves? (Include title and dollar authority)

<u>Name</u>	<u>Title</u>	<u>Reserving Authority</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

2. What is your reserving policy?

3. When are reserves initially set? _____

4. How often are reserves reviewed for accuracy?

- _____ Weekly
- _____ Monthly
- _____ Quarterly
- _____ Annually
- _____ Other, please explain): _____

5. Are reserves set only to the amount of the self insured retention?

_____ No _____ Yes

6. Are reserves discounted:

_____ No _____ Yes
(If yes, indicate what percent discount used: _____%)

7. Is inflation included in your reserves?:

_____ No _____ Yes
(If yes, indicate what percent discount used: _____%)



VI. **GENERAL** (Complete each question)

1. Briefly describe your most serious claim: _____

2. Who is responsible for handling large losses?

3. Describe your procedures for handling claims in excess of \$100,000:

4.. Has handling of self insured's claims ever resulted in "bad faith" claim handling lawsuits in any jurisdiction?
_____ No _____ Yes
(If yes, explain)

5.. Have penalties ever been assessed for the self insured's late payment of claims and/or failure to file appropriate forms?
_____ No _____ Yes
(If yes, explain)



6.. Have “class action” lawsuits been filed again the self insured by any employee?

_____No _____Yes
(If yes, explain)

Form completed by:

Name: _____

Signature: _____

Title: _____

Date: _____