

**PROPOSED REGULATION OF THE ADMINISTRATOR OF THE
DIVISION OF INDUSTRIAL RELATIONS OF THE
DEPARTMENT OF BUSINESS AND INDUSTRY**

LCB File No. R071-99

September 8, 1999

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §§1, NRS 616A.400 and 616A.417; §§2-17 and 21-34, NRS 616A.400; §§18-20,
NRS 616D.120.

Section 1. NAC 616A.480 is hereby amended to read as follows:

616A.480 1. The following posters and forms or data must be used by each insurer in the administration of claims for workers' compensation:

(a) D-1, Informational Poster - Displayed by Employer. The informational poster must include the language contained in Form D-2, and the name, business address, telephone number and contact person of:

- (1) The insurer;
- (2) The third-party administrator, if applicable;
- (3) The organization for managed care or providers of health care with whom the insurer has contracted to provide medical and health care services, if applicable; and
- (4) The name, business address and telephone number of the insurer's or third-party administrator's adjuster in this state that is located nearest to the employer's place of business.

(b) D-2, Brief Description of Your Rights and Benefits if You Are Injured on the Job.

(c) C-1, Notice of Injury or Occupational Disease (Incident Report). One copy of the form must be delivered to the injured employee and one copy of the form must be retained by the employer. The language contained in Form D-2 must be printed on the reverse side of the employee's copy of the form, or provided to the employee as a separate document with an affirmative statement acknowledging receipt.

(d) C-3, Employer's Report of Industrial Injury or Occupational Disease. A copy of the form must be delivered to or the form must be filed by electronic transmission with the insurer or third-party administrator. The form signed by the employer must be retained by the employer. A copy of the form must be delivered to the injured employee. If the employer files the form by electronic transmission, the employer must:

(1) Transmit all fields of the form that are required to be completed, as prescribed by the administrator.

(2) Sign the form with an electronic symbol representing the signature of the employer that is:

(I) Unique to the employer;

(II) Capable of verification; and

(III) Linked to data in such a manner that the signature is invalidated if the data is altered.

(3) Acknowledge on the form that he will maintain the original report of industrial injury or occupational disease for 3 years.

FLUSH

If the employer moves from or ceases operation in this state, the employer shall deliver the original form to the insurer for inclusion in the insurer's file on the injured employee within 30 days after the move or cessation of operation.

(e) C-4, Employee's Claim for Compensation/Report of Initial Treatment. A copy of the form must be delivered to the insurer or third-party administrator. A copy of the form must be delivered to or the form must be filed by electronic transmission with the employer. A copy of the form must be delivered to the injured employee. The language contained in Form D-2 must be printed on the reverse side of the injured employee's copy of the form or provided to the injured employee as a separate document with an affirmative statement acknowledging receipt. The original form signed by the injured employee and the physician or chiropractor who conducted the initial examination of the injured employee must be retained by that physician or chiropractor. If the physician or chiropractor who conducted the initial examination files the form by electronic transmission, the physician or chiropractor must:

(1) Transmit all fields of the form that are required to be completed, as prescribed by the administrator.

(2) Sign the form with an electronic symbol representing the signature of the physician or chiropractor that is:

(I) Unique to the physician or chiropractor;

(II) Capable of verification; and

(III) Linked to data in such a manner that the signature is invalidated if the data is altered.

(3) Acknowledge on the form that he will maintain the original form for the claim for compensation for 3 years.

FLUSH If the physician or chiropractor who conducted the initial examination moves from or ceases treating patients in this state, the physician or chiropractor shall deliver the original form to the insurer for inclusion in the insurer's file on the injured employee within 30 days after the move or cessation of treatment of patients.

(f) D-5, Wage Calculation Form for Claims Agent's Use.

(g) D-6, Injured Employee's Request for Compensation.

(h) D-7, Explanation of Wage Calculation.

(i) D-8, Employer's Wage Verification Form.

(j) D-9(a), PPD Award Calculation Worksheet.

(k) D-9(b), PPD Award Calculation Worksheet for Disability Over 25 Percent Body Basis.

(l) D-10(a), Election of Method of Payment of Compensation.

(m) D-10(b), Election of Method of Payment of Compensation for Disability Greater than 25 Percent.

(n) D-11, Reaffirmation of Lump Sum Request.

(o) D-12(a), Request for Hearing.

(p) D-12(b), Request for Hearing - Uninsured Employer.

(q) D-13, Injured Employee's Right to Reopen a Claim Which Has Been Closed.

(r) D-14, Permanent Total Disability Report of Employment.

(s) D-15, Election for Nevada Workers' Compensation Coverage for Out-of-State Injury.

(t) D-16, Notice of Election for Compensation Benefits Under the Uninsured Employer Statutes.

(u) D-17, Employee's Claim for Compensation - Uninsured Employer.

(v) D-18, Assignment of Claim for Workers' Compensation - Uninsured Employer.

(w) D-21, Fatality Report.

(x) D-22, Notice to Employees - Tip Information.

(y) D-23, Employee's Declaration of Election to Report Tips.

(z) D-24, Request for Reimbursement of Expenses for Travel and Lost Wages.

(aa) D-25, Affirmation of Compliance (Business Application).

(bb) D-26, Application for Reimbursement of Claim-Related Travel Expenses.

(cc) D-27, Interest Calculation for Compensation Due.

(dd) D-28, Rehabilitation Lump Sum Request.

(ee) D-29, Lump Sum Rehabilitation Agreement.

(ff) D-30, Notice of Claim Acceptance.

(gg) D-31, Notice of Intention to Close Claim.

(hh) D-32, Authorization Request for Additional Chiropractic Treatment.

(ii) D-33, Authorization Request for Additional Physical Therapy Treatment.

(jj) D-34, HCFA 1500 Billing Form.

(kk) D-35, Rotating Rating Physician/Chiropractor Request.

(ll) D-36, Request for Additional Medical Information and Medical Release.

(mm) D-37, Insurer's Subsequent Injury Checklist.

(nn) D-38, Injured Worker Index System Claims Registration Document.

(oo) D-39, Physician's Progress Report - Certification of Disability.

(pp) D-40cc, IIRS Noncompliance Premium.

(qq) D-40lv, IIRS Noncompliance Premium.

(rr) D-41, ~~{System or Private Carrier Account Reinstatement of Reopening.~~

~~—(ss) D-42, Intent to Cancel, Renew or Change to Private Carrier or System.~~

~~—(tt) *IAIABC POC 1.*~~

(ss) D-43, Employer Election to Reject Coverage and Election to Waive the Rejection of Coverage for Excluded Persons.

~~{(uu)}~~ (tt) D-44, Election of Coverage by Employer; Employer Withdrawal of Election of Coverage.

~~{(vv)}~~ (uu) D-45, Sole Proprietor Coverage.

~~{(ww)}~~ (vv) D-46, Temporary Partial Disability Calculation Worksheet.

(ww) *D-47, Noncompliance Notice.*

(xx) *D-48, Proof of Coverage Notice.*

(yy) *D-49, Information Page (NCCI WC 00 00 01 A).*

(zz) *D-50, Policy Termination, Cancellation and Reinstatement Notice (NCCI WC 89 06 09 B).*

2. In addition to the forms specified in subsection 1, the following forms must be used by each insurer in the administration of a claim for an occupational disease:

(a) OD-1, Firemen and Police Officers' Medical History Form.

(b) OD-2, Firemen and Police Officers' Lung Examination Form.

(c) OD-3, Firemen and Police Officers' Extensive Heart Examination Form.

(d) OD-4, Firemen and Police Officers' Limited Heart Examination Form.

(e) OD-5, Firemen and Police Officers' Hearing Examination Form.

(f) OD-6, Firemen and Police Officers' Sample Letter.

(g) OD-7, Information Regarding Physical Examinations for Firemen and Police Officers.

3. An insurer, employer, injured employee, provider of health care or claims agent may not use a different form or change a form without the prior written approval of the administrator or his designee.

4. The industrial insurance regulation section will be responsible for printing and distributing the following forms:

(a) C-4, Employee's Claim for Compensation/Report of Initial Treatment;

(b) D-12(b), Request for Hearing - Uninsured Employer;

(c) D-16, Notice of Election for Compensation Benefits Under the Uninsured Employer Statutes;

(d) D-17, Employee's Claim for Compensation - Uninsured Employer; and

(e) D-18, Assignment of Claim for Workers' Compensation - Uninsured Employer.

5. Each insurer is responsible for printing and distributing all other forms listed in this section.

Sec. 2. Chapter 616B of NAC is hereby amended by adding thereto the provisions set forth as sections 3 to 21, inclusive, of this regulation.

Sec. 3. *As used in sections 3 to 21, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 4 to 9, inclusive, of this regulation have the meanings ascribed to them in those sections.*

Sec. 4. *"Association" means an association of self-insured private employers or an association of self-insured public employers.*

Sec. 5. *"Binder" has the meaning ascribed to it in NRS 687B.015.*

Sec. 6. *"Designated agent" means the agent who is authorized by the administrator to receive proof of coverage from the system, a private carrier or association, or its representative, and submit that proof of coverage to the administrator.*

Sec. 7. *"Notice of error" means a notice issued by the administrator or designated agent to the system, a private carrier or an association that proof of coverage submitted by the system, private carrier or association has been accepted but requires correction.*

Sec. 8. *"Notice of rejection" means a notice issued by the administrator or designated agent to the system, a private carrier or an association that proof of coverage submitted by the system, private carrier or association has not been accepted and requires correction.*

Sec. 9. *"Proof of coverage" means the information relating to the verification of industrial insurance coverage for employers in this state.*

Sec. 10. *For the purposes of complying with the provisions of subsection 3 of NRS 616B.033 and NRS 616B.460, the system or each private carrier or association shall submit proof of coverage to the designated agent.*

Sec. 11. *The administrator hereby designates the National Council on Compensation Insurance as the designated agent.*

Sec. 12. *The administrator hereby adopts by reference the following publications:*

1. *"IAIABC EDI Implementation Guide for Proof of Coverage" which is published by the International Association of Industrial Accident Boards and Commissions. A copy of the publication may be obtained from the International Association of Industrial Accident Boards and Commissions, 1201 Wakarusa Drive, Suite C-3, Lawrence, Kansas 66049, for the price of \$195 for members and \$395 for nonmembers.*

2. *”Workers Compensation Policy Data Reporting Manual” which is published by the National Council on Compensation Insurance. A copy of the publication may be obtained from the National Council on Compensation Insurance, Products and Services Department, 750 Park of Commerce Drive, Boca Raton, Florida 33487, for the price of \$96 for members and \$124 for nonmembers.*

3. *”Basic Manual for Workers Compensation and Employers Liability Insurance” which is published by the National Council on Compensation Insurance. A copy of the publication may be obtained from the National Council on Compensation Insurance, Products and Services Department, 750 Park of Commerce Drive, Boca Raton, Florida 33487, for the price of \$86 for members and \$119 for nonmembers.*

4. *”Forms Manual of Workers Compensation and Employers Liability Insurance” which is published by the National Council on Compensation Insurance. A copy of the publication may be obtained from the National Council on Compensation Insurance, Products and Services Department, 750 Park of Commerce Drive, Boca Raton, Florida 33487, for the price of \$108 for members and \$217 for nonmembers.*

5. *”Electronic Transmission User’s Guide” which is published by the National Council on Compensation Insurance. A copy of the publication may be obtained, free of charge, from the National Council on Compensation Insurance, Products and Services Department, 750 Park of Commerce Drive, Boca Raton, Florida 33487.*

6. *”Workers Compensation Magnetic Tape Specifications Manual” which is published by the National Council on Compensation Insurance. A copy of the publication may be obtained from the National Council on Compensation Insurance, Products and Services Department, 750 Park of Commerce Drive, Boca Raton, Florida 33487, for the price of \$62.*

Sec. 13. 1. *The system and each private carrier shall submit proof of coverage to the designated agent within 15 days after the effective date of the:*

- (a) Issuance of a policy or binder of industrial insurance;*
- (b) Renewal of a policy of industrial insurance;*
- (c) Reinstatement of a policy of industrial insurance;*
- (d) Reissuance of a policy of industrial insurance; or*
- (e) Issuance of any endorsement of a policy of industrial insurance which materially affects the proof of coverage required by sections 3 to 21, inclusive, of this regulation.*

FLUSH *If a binder is submitted as proof of coverage pursuant to paragraph (a), a copy of the policy must be submitted to the designated agent before the expiration of the binder.*

2. *The system and each private carrier shall report proof of coverage not later than 15 days before the effective date of the:*

- (a) Cancellation of a policy of industrial insurance; and*
- (b) Nonrenewal of a policy of industrial insurance.*

Sec. 14. 1. *An association that is certified as such by the commissioner pursuant to NRS 616B.359 on or after July 1, 1999, shall submit information relating to its certificate and membership to the designated agent on the form prescribed by the administrator within 15 days after the issuance of the certificate.*

2. *An association shall report proof of coverage to the designated agent within 15 days after:*

- (a) Any change in information relating to a member of the association that materially affects the proof of coverage required by sections 3 to 21, inclusive, of this regulation;*
- (b) The addition or deletion of a member of the association; and*

(c) The anniversary date of each member of the association.

Sec. 15. *1. An association shall submit proof of coverage to the designated agent by:*

(a) The United States Postal Service or any other mail delivery service by submitting Form D-41, IAIABC POC 1; or

(b) Electronic transmission.

2. The system or a private carrier shall submit proof of coverage to the designated agent by the United States Postal Service or any other mail delivery service by submitting:

(a) Form D-41, IAIABC POC 1.

(b) For information relating to a binder, Form D-48, Proof of Coverage Notice, and a schedule of the names, addresses and federal employer identification numbers of the employers covered by the binder.

(c) For information relating to a policy, Form D-49, Information Page.

(d) For information relating to the termination, cancellation or reinstatement of a policy, Form D-50, Policy Termination, Cancellation and Reinstatement Notice.

2. As used in this section, “electronic transmission” means the sending of information by electronic means in the manner prescribed by the designated agent, including, without limitation, by a magnetic tape, cartridge, mainframe or personal computer.

Sec. 16. *An employer shall, upon request, provide proof of coverage to its insurer in the manner prescribed by the administrator. If the employer fails to provide that information to the insurer, the insurer shall notify the administrator of that failure within 5 working days after the employer fails to provide the information.*

Sec. 17. *The designated agent may charge the system, a private carrier or an association a fee in an amount that does not exceed the cost of receiving, processing and submitting proof*

of coverage required by the administrator. The designated agent shall provide to the system, a private carrier or an association, at no cost, instructions for submitting proof of coverage.

Sec. 18. 1. *Except as otherwise provided in subsection 2, if the system, a private carrier or an association fails to submit proof of coverage as required by the provisions of sections 3 to 21, inclusive, of this regulation, or the proof of coverage submitted results in the issuance of a notice of rejection by the administrator or designated agent, the administrator may:*

- (a) For the first violation in a 12-month period, issue a notice of correction.*
- (b) For the second violation in a 12-month period, impose an administrative fine of \$250.*
- (c) For the third violation in a 12-month period, impose an administrative fine of \$500.*
- (d) For the fourth or any subsequent violation within a 12-month period, impose an administrative fine of \$1,000.*

2. *The provisions of subsection 1 do not apply to an association that fails to submit a report of the payroll of its members which results in the issuance of a notice of rejection by the administrator or designated agent.*

Sec. 19. 1. *Except as otherwise provided in subsection 2, if the system, a private carrier or an association incorrectly reports proof of coverage that results in the issuance of a notice of error by the administrator or designated agent, the administrator may:*

- (a) For the second violation within a 12-month period, impose an administrative fine of at least \$50.*
- (b) For the third violation within a 12-month period, impose an administrative fine of at least \$100.*
- (c) For the fourth violation within a 12-month period, impose an administrative fine of at least \$250; or*

(d) For the fifth or any subsequent violation within a 12-month period, impose an administrative fine of at least \$500.

2. The provisions of subsection 1 do not apply to an association that submits an incorrect report of the payroll of its members which results in the issuance of a notice of rejection by the administrator or designated agent.

Sec. 20. *1. Except as otherwise provided in subsection 2, if the system, a private carrier or an association fails to correct or accurately resubmit data which was incorrect or rejected within 5 working days after the receipt of a notice of error or rejection, the administrator may:*

(a) For the first violation within a 12-month period, issue a notice of correction;

(b) For the second violation within a 12-month period, impose an administrative fine of at least \$50.

(c) For the third violation within a 12-month period, impose an administrative fine of at least \$100.

(d) For the fourth violation within a 12-month period, impose an administrative fine of at least \$250.

(e) For the fifth or any subsequent violation within a 12-month period, impose an administrative fine of at least \$500.

2. The provisions of subsection 1 do not apply to an association that fails to correct, accurately submit or resubmit the payroll of its members.

Sec. 21. *An insurer shall, within 5 working days after it obtains information that an employer may have operated in this state without industrial insurance, submit Form D-47, Noncompliance Notice, to the administrator.*

Sec. 22. Section 6 of this regulation is hereby amended to read as follows:

Sec. 6. "Designated agent" means the agent who is authorized by the administrator to receive proof of coverage from ~~{the system,}~~ a private carrier or association, or its representative, and submit that proof of coverage to the administrator.

Sec. 23. Section 7 of this regulation is hereby amended to read as follows:

Sec. 7. "Notice of error" means a notice issued by the administrator or designated agent to ~~{the system,}~~ a private carrier or an association that proof of coverage submitted by the ~~{system,}~~ private carrier or association has been accepted but requires correction.

Sec. 24. Section 8 of this regulation is hereby amended to read as follows:

Sec. 8. "Notice of rejection" means a notice issued by the administrator or designated agent to ~~{the system,}~~ a private carrier or an association that proof of coverage submitted by the ~~{system,}~~ private carrier or association has not been accepted and requires correction.

Sec. 25. Section 10 of this regulation is hereby amended to read as follows:

Sec. 10. For the purposes of complying with the provisions of subsection 3 of NRS 616B.033 and NRS 616B.460, ~~{the system or}~~ each private carrier or association shall submit proof of coverage to the designated agent.

Sec. 26. Section 13 of this regulation is hereby amended to read as follows:

Sec. 13. 1. ~~{The system and each}~~ A private carrier shall submit proof of coverage to the designated agent within 15 days after the effective date of the:

- (a) Issuance of a policy or binder of industrial insurance;
- (b) Renewal of a policy of industrial insurance;
- (c) Reinstatement of a policy of industrial insurance;

(d) Reissuance of a policy of industrial insurance; or

(e) Issuance of any endorsement of a policy of industrial insurance which materially affects the proof of coverage required by sections 3 to 21, inclusive, of this regulation.

FLUSH If a binder is submitted as proof of coverage pursuant to paragraph (a), a copy of the policy must be submitted to the designated agent before the expiration of the binder.

2. ~~{The system and each}~~ A private carrier shall report proof of coverage not later than 15 days before the effective date of the:

(a) Cancellation of a policy of industrial insurance; and

(b) Nonrenewal of a policy of industrial insurance.

Sec. 27. Section 15 of this regulation is hereby amended to read as follows:

Sec. 15. 1. An association shall submit proof of coverage to the designated agent by:

(a) The United States Postal Service or any other mail delivery service by submitting form D-41, IAIABC POC 1; or

(b) Electronic transmission.

2. ~~{The system or a}~~ A private carrier shall submit proof of coverage to the designated agent by the United States Postal Service or any other mail delivery service by submitting:

(a) Form D-41, IAIABC POC 1.

(b) For information relating to a binder, Form D-48, Proof of Coverage Notice, and a schedule of the names, addresses and federal employer identification numbers of the employers covered by the binder.

(c) For information relating to a policy, Form D-49, Information Page.

(d) For information relating to the termination, cancellation or reinstatement of a policy, Form D-50, Policy Termination, Cancellation and Reinstatement Notice.

2. As used in this section, “electronic transmission” means the sending of information by electronic means in the manner prescribed by the designated agent, including, without limitation, by a magnetic tape, cartridge, mainframe or personal computer.

Sec. 28. Section 17 of this regulation is hereby amended to read as follows:

Sec. 17. The designated agent may charge ~~[the system,]~~ a private carrier or an association a fee in an amount that does not exceed the cost of receiving, processing and submitting proof of coverage required by the administrator. The designated agent shall provide to the ~~[system, a]~~ private carrier or ~~[an]~~ association, at no cost, instructions for submitting proof of coverage.

Sec. 29. Section 18 of this regulation is hereby amended to read as follows:

Sec. 18. 1. Except as otherwise provided in subsection 2, if ~~[the system,]~~ a private carrier or an association fails to submit proof of coverage as required by the provisions of sections 3 to 21, inclusive, of this regulation, or the proof of coverage submitted results in the issuance of a notice of rejection by the administrator or designated agent, the administrator may:

(a) For the first violation in a 12-month period, issue a notice of correction.

(b) For the second violation in a 12-month period, impose an administrative fine of \$250.

(c) For the third violation in a 12-month period, impose an administrative fine of \$500.

(d) For the fourth or any subsequent violation within a 12-month period, impose an administrative fine of \$1,000.

2. The provisions of subsection 1 do not apply to an association that fails to submit a report of the payroll of its members which results in the issuance of a notice of rejection by the administrator or designated agent.

Sec. 30. Section 19 of this regulation is hereby amended to read as follows:

Sec. 19. 1. Except as otherwise provided in subsection 2, if ~~the system,~~ a private carrier or an association incorrectly reports proof of coverage that results in the issuance of a notice of error by the administrator or designated agent, the administrator may:

(a) For the second violation within a 12-month period, impose an administrative fine of at least \$50.

(b) For the third violation within a 12-month period, impose an administrative fine of at least \$100.

(c) For the fourth violation within a 12-month period, impose an administrative fine of at least \$250; or

(d) For the fifth or any subsequent violation within a 12-month period, impose an administrative fine of at least \$500.

2. The provisions of subsection 1 do not apply to an association that submits an incorrect report of the payroll of its members which results in the issuance of a notice of rejection by the administrator or designated agent.

Sec. 31. Section 20 of this regulation is hereby amended to read as follows:

Sec. 20. 1. Except as otherwise provided in subsection 2, if ~~{the system,}~~ a private carrier or an association fails to correct or accurately resubmit data which was incorrect or rejected within 5 working days after the receipt of a notice of error or rejection, the administrator may:

(a) For the first violation within a 12-month period, issue a notice of correction;

(b) For the second violation within a 12-month period, impose an administrative fine of at least \$50.

(c) For the third violation within a 12-month period, impose an administrative fine of at least \$100.

(d) For the fourth violation within a 12-month period, impose an administrative fine of at least \$250.

(e) For the fifth or any subsequent violation within a 12-month period, impose an administrative fine of at least \$500.

2. The provisions of subsection 1 do not apply to an association that fails to correct, accurately submit or resubmit the payroll of its members.

Sec. 32. NAC 616B.640, 616B.643, 616B.649 and 616C.390 are hereby repealed.

Sec. 33. An association of self-insured public or private employers that is certified as such by the commissioner of insurance pursuant to NRS 616B.359 before July 1, 1999, shall submit information relating to its certificate and membership to the designated agent in the form prescribed by the administrator within 15 days after the effective date of this regulation.

Sec. 34. 1. This section and sections 1 to 21, inclusive, 32 and 33 of this regulation become effective upon filing with the secretary of state.

2. Sections 22 to 31, inclusive, become effective on January 1, 2000, only if, on that date, the manager of the state industrial insurance system transfers the assets of the state industrial insurance system to a domestic mutual insurance company pursuant to section 129 of chapter 388, Statutes of Nevada 1999.

TEXT OF REPEALED SECTIONS

**616B.640 Requirements for notice of intent to cancel or renew policy of insurance.
(NRS 616A.400, 616B.033)**

616B.640 1. The notice required to be served by the system, a private carrier or an employer that intends to cancel or renew a policy of insurance pursuant to subsection 3 of NRS 616B.033 must be served personally or sent by first-class mail on a completed form entitled D-42, Intent to Cancel, Renew or Change of Insurance Carrier Form, which is prescribed by the administrator, or, if sent by electronic transmission, the notice must contain the same information as the form.

2. The employer is not required to serve such notice on the administrator or his designated agent if the notice is served on the administrator or his designated agent by the system or private carrier on behalf of the employer.

616B.643 Requirements for notice to administrator by employer that elects to purchase industrial insurance from insurer other than current insurer. (NRS 616A.400, 616B.460)

1. The notice required to be given to the administrator by an employer that elects to purchase industrial insurance from an insurer other than his current insurer pursuant to paragraph (a) of subsection 2 of NRS 616B.460 must be served personally or sent by first-class mail on a completed form entitled D-42, Intent to Cancel, Renew or Change of Insurance Carrier Form, which is prescribed by the administrator, or, if sent by electronic transmission, the notice must contain the same information as the form.

2. The employer is not required to serve such notice on the administrator or his designated agent if notice is served on the administrator or his designated agent by the system or private carrier on behalf of the employer.

616B.649 Violation of notice requirements. (NRS 616A.400) If the system, a private carrier or an employer fails to provide the notice required by NRS 616B.033 or 616B.460 and in the manner set forth in NAC 616B.640, 616B.643 or 616B.646, as applicable, the administrator will, after notice and hearing:

1. For the first violation within a 12-month period, issue a notice of correction pursuant to paragraph (a) of subsection 2 of NRS 616D.120.

2. For the second, third, fourth, fifth and sixth violations within a 12-month period, impose an administrative fine of not less than \$50 for each such violation.

3. For the seventh, eighth, ninth, tenth and eleventh violations within a 12-month period, impose an administrative fine of not less than \$200 for each such violation.

4. For the twelfth, thirteenth, fourteenth, fifteenth and sixteenth violations within a 12-month period, impose an administrative fine of not less than \$500 for each such violation.

5. For the seventeenth and each subsequent violation within a 12-month period, impose an administrative fine of \$1,000.

616C.390 Notification that employer is uninsured; notification that notice of termination is rescinded; notice of cancellation of policy; notice of correction or administrative fine for noncompliance. (NRS 616A.400, 616A.417) [~~Effective July 1, 1999.~~]

1. By the end of the next working day after receiving information that an employer has failed to obtain or maintain coverage required by chapters 616A to 617, inclusive, of NRS, the system or private carrier shall notify the administrator and furnish copies of documents indicating the name under which the uninsured employer was doing business, the business address, physical address and telephone number of the uninsured employer and, if applicable, the risk classifications, history of coverage and estimated annual premiums to be paid by the uninsured employer and the date on which the uninsured employer's insurance was canceled.

2. If the system rescinds a notice of termination by reopening the employer's account or reinstating the employer's coverage, the system shall notify the administrator, in writing, by facsimile or electronic transmission by the end of the next working day after the date of rescission. The written notification must include, without limitation, the name, business address and policy number of the employer, the date on which the employer's insurance was canceled, the date on which the employer's insurance was reopened or reinstated, the total annual premiums to be paid by the employer and any other charges assessed against the employer.

3. If a policy is canceled, the system or a private carrier shall notify the administrator of the cancellation within 3 working days after the cancellation.

4. If the system or a private carrier fails to properly notify or notifies the administrator in an untimely manner regarding an uninsured employer, or fails to provide or provides the administrator in an untimely manner with the required information regarding the cancellation,

reopening or reinstatement of an employer's account or coverage as required pursuant to this section, the administrator will:

(a) For the first violation within a 12-month period, issue a notice of correction pursuant to paragraph (a) of subsection 2 of NRS 616D.120.

(b) For the second violation within a 12-month period, impose an administrative fine of not less than \$100.

(c) For the third violation within a 12-month period, impose an administrative fine of not less than \$250.

(d) For the fourth violation within a 12-month period, impose an administrative fine of not less than \$500.

(e) For the fifth and each subsequent violation within a 12-month period, impose an administrative fine of \$1,000.