

# NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION

## INSURER/ADMINISTRATOR PROFILE REPORT

2410 CENTRE AVE. SE ? PO BOX 27198  
ALBUQUERQUE, NM 87125-7198

OFFICIAL USE ONLY

PLEASE PRINT IN BLACK INK OR TYPE

REPORTING TYPE <input type="checkbox"/> INSURER POC <input type="checkbox"/> ADMINISTRATOR		REPORTING PURPOSE <input type="checkbox"/> INITIAL <input type="checkbox"/> DELETE		DATE OF REPORT	
<input type="checkbox"/> INSURER CLAIMS <input type="checkbox"/> SENDER/VENDOR		<input type="checkbox"/> CHANGE <input type="checkbox"/> REPLACE		WCA ID NUMBER	
NAME OF INSURER			CHECK IF APPROPRIATE <input type="checkbox"/> SELF-INSURANCE	INSURED FEDERAL ID NUMBER	
CONTACT PERSON			PHONE NUMBER		
ADDRESS					
CITY	STATE	ZIP	PHONE	EMAIL	
MAILING ADDRESS (IF DIFFERENT)					
CITY	STATE	ZIP	PHONE	EMAIL	
SENDER/VENDOR			SENDER/VENDOR FEDERAL ID NUMBER		
CONTACT PERSON			PHONE NUMBER		
ADDRESS					
CITY	STATE	ZIP	PHONE	E-MAIL	
<input type="checkbox"/> EDI CLAIMS FIRST REPORT OF INJURY OR ILLNESS		<input type="checkbox"/> WEB PAGE TRANSMISSION OF FIRST REPORT OF INJURY OR ILLNESS		<input type="checkbox"/> OC - WEB	
<input type="checkbox"/> EDI CLAIMS NOTICE OF BENEFIT PAYMENT		<input type="checkbox"/> WEB PAGE TRANSMISSION OF NOTICE OF BENEFIT PAYMENT		<input type="checkbox"/> IC - EDI	
CLAIM ADMINISTRATOR			CLAIM ADMIN. FEDERAL ID NUMBER		
CONTACT PERSON			PHONE NUMBER		
ADDRESS					
CITY	STATE	ZIP	PHONE	E-MAIL	

Form WCA E8.1 (7/00)

**Purpose of Report:** The Insurer/Administrator Profile Report is used for maintaining information on insurance carriers, self-insured employers, and claims administrators that pay workers' compensation claims or provide financial coverage of workers' compensation liability to employers in the state. This information is used to send out important rule changes or other correspondence to necessary parties.

**Filing Instructions:**

- For carriers or self-insured groups providing workers' compensation coverage to employers, the insurer will complete the reporting type as insurer POC (Proof Of Coverage), complete the Reporting Purpose, Date Of Report, WCA ID Number if known, and complete the block of information for the insurer that identifies the Sender/Vendor for EDI POC. This report should be updated with changes within 30 days of those changes.
- For carriers, self-insureds, and claims administrators providing claims administration and data reporting to the WCA, the form must be completed based on the boxes checked in the reporting type block. **Note: if you are sending claims data via EDI, the sender must also complete the trading partner profile form.** All changes or initial reports must be submitted within 30 days of the action.
- The WCA ID NUMBER and other information concerning submission of this form may be obtained from the Economic Research Bureau, please call (505) 841-6072.
- If you the carrier, claims administrator or self-insured group have a vendor sending POC or claims data to the administrator, the sender is required to complete this form in your behalf.

**Definitions:**

Reporting Type: This indicates who is submitting the report to the WCA. If the sender of the carrier or self-insured group is reporting POC data, then the boxes indicating Insurer POC and Sender/Vendor would be checked. If the sender is reporting claims data to the WCA, the sender would indicate both the Insurer Claims and Sender/Vendor boxes. Note: it is possible that the sender is both the claims administrator and the sender. In this case all three boxes would be indicated (Insurer Claims, Administrator and Sender/Vendor).

Reporting Purpose: The reporting purpose indicates the reason the report is being sent to the WCA.

Date of Report: The date of the reporting action.

INSURER BLOCK: For both the Insurer POC and Insurer Claims Reporting Type, the Name, Federal Identification Number (FEIN), Contact Person, Phone Number, Location and Mailing Address must be completed. E-mails are optional, but would assist us in providing up-to-date information in the future.

SENDER/VENDOR BLOCK: All of the Name, Federal Identification Number, and Mailing Address information is required. If the sender is sending EDI, then an e-mail address with contact information is also required.

CLAIMS ADMINISTRATOR BLOCK: If a Claims Administrator handling claims is different than the Insurer, then the Name, Federal Identification Number, Contact Person and Mailing Address must be completed. An E-mail address is also required for EDI.

**Mailing Address:**

New Mexico Workers' Compensation Administration  
Statistical Reporting Section  
P.O. Box 27198  
Albuquerque, NM 87125-7198