## LABOR CABINET

#### **Department of Workers' Claims**

## (Amended at ARRS Committee)

# 803 KAR 25:175. Filing of insurance coverage and notice of policy change or termination.

RELATES TO: KRS 342.0011(22), 342.340(2) STATUTORY AUTHORITY: KRS 342.260(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 342.340 requires an insurance carrier to file proof of workers' compensation insurance coverage for an employer and notice of policy change or termination in a format established by the commissioner. KRS 342.260(1) requires the commissioner to promulgate administrative regulations necessary to carry on the work of the department. This administrative regulation establishes the requirements for filing proof of coverage and policy change or termination of coverage.

Section 1. Definition. "Insurance carrier" is defined by KRS 342.0011(22).

Section 2. Reporting Requirements.

(1) Each insurance carrier shall file the information required on the Form POC-1 for each new policy or a change or termination of a policy.

(2) The information required on the Form POC-1 shall be filed electronically with the Department of Workers' Claims by a vendor approved pursuant to 803 KAR 25:165..

#### Section 3.

(1) The Department of Workers' Claims shall acknowledge a filing in an electronic format with either an acceptance or rejection through the vendor used for filing.

(2) A report that is incomplete or provides incorrect information shall be rejected and not be considered in compliance with KRS 342.340(2) until the information is completed or corrected and refiled with the department.

Section 4. Incorporation by Reference.

(1) "Form POC-1", December 1996 Edition, Department of Workers' Claims, is incorporated by reference.

(2) The material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department of Workers' Claims, Mayo-Underwood Building, 3rd Floor, 500 Mero Street, Frankfort, Kentucky 40601, Monday through Friday, 9 a.m. to 4 p.m.

(24 Ky.R. 807; 1113; 1262; eff. 12-15-1997; 25 Ky.R. 1962; 2371; eff. 4-14-1999; 30 Ky.R. 1084; 1509; eff. 1-5-2004; TAm eff. 8-9-2007; 47 Ky.R. 1268; 48 Ky.R. 1138; eff. 1-4-2022.)

CONTACT PERSON: B. Dale Hamblin, Jr., Assistant General Counsel, Department of Workers' Claims, Mayo-Underwood Building, 3rd Floor, 500 Mero Street, Frankfort, Kentucky 40601, phone (502) 782-4404, fax (502) 564-0681, email Dale.Hamblin@ky.gov.