

ADVISORY NO. 98

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TOPIC: CARRIER COVERAGE FILINGS

Effective 9-1-93, coverage responsibility has been transferred to TWCC. TWCC will continue to accept TDI Forms 20 and 5 until they develop a TWCC form to replace these (in the near future).

Mailed TDI Forms 20 and 5 should be addressed to:

Texas Workers' Compensation Commission
400 South IH-35
Southfield Building, MS 97
Austin, Texas 78704-7491

Hand delivered TDI Forms 20 and 5 are to be delivered to Mail Room 109 in the Southfield Building.

Please note a new post office box number for all other policy information that should be sent to:

Texas Department of Insurance
Workers' Compensation File Section
Mail Code 202-1A
333 Guadalupe
P.O. Box 149092
Austin, Texas 78714-9092

Any questions you have should be addressed to Robin Miksch at TWCC (512) 448-7927.