ADVISORY NO. 123

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TOPIC: TWCC-5 EMPLOYER NOTICE OF NO COVERAGE OR TERMINATION

OF COVERAGE

TWCC-205 LOCATIONS OF EMPLOYERS' BUSINESS(ES)

TWCC-161 RENEWAL APPLICATION FOR A CERTIFICATE OF

AUTHORITY TO SELF INSURE

TWCC-162 CERTIFIED SELF INSURER'S ANNUAL REPORT

TWCC has recently adopted the above listed forms. They are being sent to you for your information and use.

Any questions on these forms should be directed to Robbin Stull at (512) 440-3899.