

SAMPLE ONLY

CONTRACT FOR ADMINISTRATION & HANDLING OF WORKERS' COMPENSATION IN OREGON

This agreement is made as of _____, between _____, hereinafter referred to as The Insurer, and _____, hereinafter referred to as Third Party Administrator.

In consideration of the mutual agreements set forth herein, _____ and _____ hereby agree as follows:

- 1. _____ shall provide complete administrative, investigative and adjustment services in connection with all workers' compensation claims against The Insurer in the State of Oregon. _____, during the term of this agreement, is authorized to act for The Insurer in workers' compensation coverage and claims proceedings under ORS Chapter 656.
2. _____ shall retain and make available at its office located at _____, copies of the following records as required by Oregon Administrative Rule OAR 436-050-0120.
a. Written records used and relied upon in processing claims; and,
b. A complete record of all payments made as a result of any workers' compensation claim presented to The Insurer and arising under Oregon Statutes.
c. A copy of each guaranty contract, termination, cancellation, reinstatement and endorsements thereto issued under the Oregon Workers' Compensation Law by The Insurer
d. Written records of premiums due and premiums collected by The Insurer from insured employers for the Workers' Division of the Department of Consumer and Business Services.
e. Written records of all money due and all such money collected from insured employers for the director and required to be remitted to the director.

IN WITNESS WHEREOF the undersigned have caused this agreement to be executed by their duly authorized officers as of the date first above written.

NAME OF SERVICE COMPANY

DATED

SIGNATURE OF COMPANY OFFICER AND TITLE

NAME OF INSURANCE COMPANY

DATED

SIGNATURE OF COMPANY OFFICER AND TITLE