

**THIRD PARTY ADMINISTRATOR'S
NOTIFICATION OF PLACE OF BUSINESS IN OREGON**

**TPA
NAME:** _____

FEDERAL EMPLOYER IDENTIFICATION NO. (FEIN): _____

**STREET
ADDRESS:** _____

CITY: _____ STATE: OR ZIP: _____

**MAILING
ADDRESS:** _____

CITY: _____ STATE: OR ZIP: _____

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____
(____) - _____ (____) - _____

NAME, TITLE, E-MAIL ADDRESS & TELEPHONE NUMBER OF WORKERS'
COMPENSATION **UNDERWRITING CONTACT** AT SERVICE COMPANY'S PLACE
OF BUSINESS:

NAME, TITLE, E-MAIL ADDRESS & TELEPHONE NUMBER OF WORKERS'
COMPENSATION **CLAIMS CONTACT** AT SERVICE COMPANY'S PLACE OF
BUSINESS IN OREGON:

IF ITS PLACE OF BUSINESS IS CHANGED, THE SERVICE COMPANY SHALL NOTIFY
THE WORKERS' COMPENSATION DIVISION OF THE NEW LOCATION AND MAILING
ADDRESS OF THE PLACE OF BUSINESS WITHIN 30 DAYS OF THE CHANGE.

DATE _____ SERVICE COMPANY
BY _____
TITLE _____