

NOTICE OF USE OF SERVICING AGENT

Instructions: An insurer, self-insurer, or self-insurance fund shall file this form to give notice of the employment of a servicing agent, and of the termination of services of a servicing agent. Send this form to the State Board of Workers' Compensation, Suite 1000 - South Tower, One CNN Center, Atlanta, Georgia 30303-2788. When obtaining the services of a servicing agent, this form shall be filed no later than the commencement date of those services. When terminating the services of a servicing agent, this form shall be filed no later than 30 days prior to the date of the cessation of services.

 Notice of Commencement of Services

This serves as notice that _____

- which is an insurer
- a self-insurer
- a self-insurance fund

has obtained the services of _____, a servicing agent, for the administration of workers' compensation claims. The address where the servicing agent chooses to receive official notices from the State Board of Workers' Compensation is _____

The contact person is _____, whose telephone number is (____)_____. The commencement date of services is _____. Notice of this information either has been or will be sent by regular mail to all claimants whose claims are affected by this agreement, no later than 30 days after the commencement of the services.

_____ Signature of Representative of Insurer, Self-Insurer or Self-Insurance Fund	Date
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 Notice of Termination of Services

This serves as notice that _____

- which is an insurer
- a self-insurer
- a self-insurance fund

is terminating the services of _____, a servicing agent, effective the date of _____. Notice of the termination of these services either has been or will be sent by regular mail to all claimants whose claims are affected by this agreement, no later than 30 days after the termination of the services.

Signature of Representative
of Insurer, Self-Insurer or
Self-Insurance Fund

Date