

**342.340 Employer to insure or provide security against liability to workers --
Notification required.**

Section 3

The Department of Workers' Claims shall notify a named additional insured at the address listed on the evidence of coverage under a workers' compensation insurance policy upon the cancellation, lapse, termination, expiration, or nonrenewal of a workers' compensation insurance policy issued by the insurance carrier. The notice required in this subsection shall be provided by the department no later than ten (10) days after the insurance notice is provided to the commissioner as required in subsection (2) of this section.

The notice you received is generated electronically based on a cancellation sent from your carrier. If your employer FEIN differs from the main insured's FEIN submitted on the cancellation, then you will be deemed an "Additional Named Insured" and a letter will be sent to the employer name and address listed on the electronic transaction.

If you have questions regarding the cancellation, then please contact your carrier. Keep in mind that insurance policy information can only be submitted by the carrier through the Electronic Data Interchange system. The Department of Workers' Claims will not accept any documents sent by your underwriter.

It may take up to **7-10** business days for us to receive the electronic data from the carrier.

If you know your policy was cancelled due to a **business closing** or **if you no longer have employees**, then we do not require any additional information or transactions to be submitted by your carrier