

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION  
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, 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299. 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,      Date  
Self-Insurer, or Self-Insurance Fund

\_\_\_\_\_ 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,      Date  
Self-Insurer, or Self-Insurance Fund

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).