

WORKERS' COMPENSATION COMMISSION
1915 NORTH STILES AVE
OKLAHOMA CITY, OK 73105
405-522-3222

This space for Commission Use only

CC-FORM-7
DESIGNATION OF SERVICE AGENT

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine, or both.

The following entities must designate a single agent for claims notifications and by filing this Designation of Service Agent form with the Commission: insurance carriers; individual own-risk employers; and group self-insurance associations.

Consistent with Workers' Compensation Commission Rule 810:10-1-11, once a claim for compensation (CC-Form-3, CC-Form-3A or CC-Form-3B) is filed, the Commission will send all notices and correspondence to the designated agent, until an entry of appearance or a notice of substitution of attorney is filed as provided in Commission Rules 810:10-1-10 or -11.

The following information is required and must be amended whenever a change of service agent is made.

Please check () the appropriate box below:

Carrier Individual Own Risk Employer Group Self-Insurance Association
(If this service agent designation applies to the entity's subsidiaries, attach a list of the applicable subsidiaries and/or affiliates, including addresses.)

Entity Name _____ Entity Phone Number _____

Name of contact person (Non Claims Communications) _____ Contact Email (Required) _____

Home Office Mailing Address _____ City _____ State _____ Zip _____

Street Address (if different): _____ City _____ State _____ Zip _____

DESIGNATED SERVICE AGENT INFORMATION FOR CLAIMS NOTIFICATION PURPOSES:

Agent Name _____ Agent Phone Number _____

Name of contact person if the service agent is a business _____ Agent Email (Required) _____

Home Office Mailing Address _____ City _____ State _____ Zip _____

Street Address (if different): _____ City _____ State _____ Zip _____

By submitting this Form, I agree that claims notifications shall be sent to the Designated Service Agent listed above in lieu of any other general or corporate agent authorized by appointment or by law to receive service of process.

Signature of Entity Representative _____ Printed Name of Entity Representative _____

Date Signed _____ Title of Entity Representative _____