



## TEXAS DEPARTMENT OF INSURANCE

### Employer Online Filings

#### Workers' Compensation

#### How To Complete Employer Online Filings

(see also the online filings [Frequently Asked Questions](#))

Below are the steps necessary to complete the online DWC Form-005, *Employer Notice of No Coverage or Termination of Coverage*.

1. From [TDI website](#), select **TXComp** from the top banner options.
2. On the Workers' Compensation, TXCOMP Home Page, select **Claims and Coverage Systems**.
3. From the Main Menu on left side of page, select **Employer Online Forms**.
4. From the *Employer Online Filings* page, select **DWC Form-005, Employer Notice of No Coverage or Termination of Coverage**.
5. On the *Complete Form* page, enter the *Person Completing DWC Form-005* information:
  1. **Name** – the name of the person completing the form online.
  2. **Title** – the title of the person completing the form online.
  3. **E-mail Address** – the e-mail address of the person completing the form online.
  4. **Phone Number** – the area code and phone number of the person completing the form.

6. Enter the *Employer Information*:
  1. **Business Name** – enter the employer's business name.
  2. **Business Type** - use the drop-down menu to select the NAICS code and business description.
  3. **FEIN** – enter the employers Federal Employer Identification Number.
  4. **Address Line 1** – enter the employer's mail delivery address per the USPS Publication 28 – Postal Addressing Standards. The publication is located at:  
<http://pe.usps.gov/cpim/ftp/pubs/pub28/pub28.pdf>.
  5. **Address Line 2** – continue the employers mail delivery address, if needed.
  6. **City** – enter the city name for the employer's mail delivery address.
  7. **State** – select a state from the drop down menu.
  8. **ZIP/Postal Code** – enter the zip code (numbers only) for the employer's mail delivery address.
  9. **County** – select the county of the employer's mail delivery address from drop down menu.
  10. **Country** - the default country is United States. If the employer's mail delivery address is other than United States, select a country from the drop-down menu.
  11. **State / Province / Region** - if the employer's country is other than United States, enter the state, province or region name.

7. In the *Required Statements* section, use the radio buttons to select the appropriate coverage election:

- The named employer ELECTS not to obtain workers' compensation insurance coverage, pursuant to the Texas Workers' Compensation Act, Texas Labor Code, Section 406.004.
- The named employer has TERMINATED workers' compensation insurance coverage, pursuant to the Texas Workers' Compensation Act, Texas Labor Code, Section 406.007.

8. If the employer has TERMINATED worker's compensation insurance coverage”, enter the policy termination information:

1. **Policy Terminated Effective** - enter the effective date of the policy termination.
2. **Policy Number** – enter the policy number for the terminated policy.
3. **Insurance Company** – enter the name of the insurance company that issued the terminated policy.
4. **Insurer Informed of Termination** - enter date the employer notified the insurance company of the policy cancellation.
5. **Employees were (will be) Notified** – enter the date that the employer notified, or intends to notify, it's employees that it has terminated workers' compensation coverage.

9. In the *Statement of Injuries* section, use the radio buttons to select the appropriate response:

1. **Yes** – select 'Yes' if there have been reportable employee injuries since your last *Employer Notice of No Coverage or Termination of Coverage*.
2. **No** - select 'No' if there have been no reportable employee injuries since your last *Employer Notice of No Coverage or Termination of Coverage*.

10. In the *Filing Period* section, enter the start and end dates:

1. **Start Date** – use the following calculations to determine a valid start date:

a) If the employer has never filed an *Employer Notice of No Coverage or Termination of Coverage*, the start date is the first date the employer did not have coverage;

b) If the employer terminated workers' compensation insurance coverage, the start date is the first date the employer did not have coverage;

c) If the employer has previously filed an *Employer Notice of No Coverage or Termination of Coverage*, the start date is the one (1) year anniversary date of the last notice;

d) The start date can't be greater than thirty (30) days from the current date;

e) If the start date is more than one (1) year older than the current date, the employer must submit a paper DWC Form-005, *Employer Notice of No Coverage or Termination of Coverage*.

2. **End Date** – use the following calculations to determine a valid end date:

a) The end date should be the one (1) year anniversary date of the Start Date;

b) The end date can be no more than one (1) year from the start date.

11. Select the **Continue** button to add the Business Location details.

12. If the **Cancel** button is selected, the *Confirm Cancel Process* page will be displayed. Use the radio buttons to select the appropriate response:

- **Yes** – all information entered on the *Complete Form* page will be discarded and the user is returned to the *Employer Online Filings* web page.
- **No** – the user is returned to the *Complete Form* page and the information is retained.

13. Additional business locations may be entered on the *Add Location Details* page. Only business locations in the state of Texas should be reported. Enter the business location information:

1. **Business Name** - enter the name of the business location.
2. **FEIN** – enter the Federal Employer Identification Number for the business location.
3. **Address Line 1** – enter the business location mail delivery address per the USPS Publication 28 – Postal Addressing Standards. The publication is located at:  
<http://pe.usps.gov/cpim/ftp/pubs/pub28/pub28.pdf>.
4. **Address Line 2** – continue the business location mail delivery address, if needed.
5. **City** – enter the city name for the business location mail delivery address.
6. **State** – select Texas from the drop down menu.
7. **ZIP/Postal Code** – enter the zip code (numbers only) for the business location mail delivery address.
8. **County** – select the county of the employer's mail delivery address from drop down menu.
9. **Country** - the default country is United States.
10. **State / Province / Region** – no entry is required for businesses located in Texas.
11. Once you have completed entering the business location information, select the **Continue** button.

14. If you have no additional locations to report, select the **Continue** button.

15. From the *Locations Summary* page you may continue to enter additional business locations. Select **Add an additional location** and repeat the steps for entering the business location information (13.1 through 13.11).

16. On the *Locations Summary* page, review the business location details.

1. To make corrections to a business location, select the location name to be returned to the Add Location Details page. Previously entered details are retained and may be edited. Select the **Continue** button when all edits are complete.

17. Select the **Continue** button if there are no additional locations to be entered.

18. On the Review and Confirm page, review all DWC Form-005 details:

1. To make corrections to the Complete Form page details (steps 5.1 through 10.2), select **Update Form**. Previously entered details are retained and may be edited. Select the **Continue** button when all edits are complete.

2. To make corrections to a business location, select the location name to be returned to the Add Location Details page. Previously entered details are retained and may be edited. Select the **Continue** button when all edits are complete.

3. To enter an additional location, select **Add an additional location**. Repeat the steps for entering the business location information (13.1 through 13.11).

19. After determining that the information is correct, select the **Submit** button.

20. While the system is updating the information, a "Processing Form. Please Wait..." message may be displayed in the upper right section of the Review and Confirm page.

21. Once the system has processed the online DWC Form-005, a confirmation page will be displayed, providing the Date and a Confirmation Number:

1. Date – this is the effective filed date for the reporting purposes.
2. Confirmation No. – this is confirmation that the online DWC-Form-005 has been successfully filed with the TDI-DWC.

22. Use the browser print button to print a copy of the confirmation for your records.

## **Frequently Asked Questions**

### **Q. What is a NAICS code?**

**A.** The North American Industry Classification System or NAICS (pronounced "nakes") identifies the classification of your business. A business may be assigned multiple codes depending on the processes and operations involved in the business. The numbers may be located in either Block 5 of your Unemployment Quarterly Report (Form C-3) from the TWC, or in the left margin of the U.S. Bureau of Labor Statistics (BLS) 3020 (Multiple Worksite Attachment) for employers with multiple NAICS codes.

### **Q. Why does my business address look different from how I typed it in the form?**

**A.** TDI-DWC uses software to standardize addresses to conform to USPS standards. If the software is able to standardize the address that is entered, certain elements may be changed. Common changes include adding 4-digits to the postal code to adhere to the ZIP+ 4 standard, standardizing common address designators such as APT (apartment), STE (suite), BLDG (building) and DEPT (department).

**Q. How do I determine my filing period start date?**

**A.** Determining the filing period start date depends on several factors:

- If you have never filed an Employer Notice of No Coverage or Termination of Coverage, the filing period start date is the first day that your business operated without workers' compensation insurance coverage.
- If you have previously filed an Employer Notice of No Coverage or Termination of Coverage, the start date is the one (1) year anniversary date of the last notice filed with the TDI-DWC.
- If you have terminated your coverage, the filing period start date is the first day the business was not covered by a workers' compensation insurance policy.

**Q. How can I determine the 'anniversary date' of my last Employer Notice of No Coverage or Termination of Coverage?**

**A.** Employers are required to file a DWC Form-005 annually on the one (1) year anniversary date of the original Employer Notice of No Coverage or Termination of Coverage for as long as they remain in operation and do not carry workers' compensation insurance. If you do not have a copy of your last Employer Notice of No Coverage or Termination of Coverage, you can contact the TDI-DWC Insurance Coverage section for assistance at 1-800-372-7713 or 512-804-4345.

**Q. Why am I getting an error stating the "Filing Period Start Date cannot be more than 30 days from today"?**

**A.** TXCOMP will not accept an online DWC Form-005 that is post-dated greater than 30 days from the current date.

**Q. Why am I getting an error stating the "Filing Period Start Date cannot be older than one (1) year from today"?**

**A.** TXCOMP will not accept an online DWC Form-005 that is older than one (1) year from the current date. Filing periods greater than one (1) year old must be reported on the paper DWC Form-005, Employer Notice of No Coverage or Termination of Coverage. The form is located at

<http://www.tdi.state.tx.us/forms/form20employer.html>.

**Q. How do I determine my filing period end date?**

**A.** In most cases, the end date should be the one (1) year anniversary date of the Start Date. There can be some instance where the End Date may be less than one year from the start date. For example, if you intend to purchase a policy in the near future to cover your business, then the End Date may be sooner than one year from the Start Date. For assistance with determining filing period start and end dates, please contact the TDI-DWC Insurance Coverage section at 1-800-372-7713 or 512-804-4345.

**Q. Why am I getting an error stating the "End Date for Filing Period cannot be more than one year from start date"?**

**A.** TXCOMP will not accept an online DWC Form-005 for a period of greater than one (1) year.

**Q. I have submitted an online DWC Form-005 but I need to add or remove a business location. How can I modify the locations reported on my Employer Notice of No Coverage or Termination of Coverage?**

**A.** To add one (1) or more business locations to an Employer Notice of No Coverage or Termination of Coverage that has already been submitted online, complete a new online DWC Form-005 for only the business locations that need to be added.

- The Filing Period Start Date may differ from the previously reported DWC Form-005.
- The Filing Period End Date is the same as on the previously reported DWC Form-005.

To remove one (1) or more business locations, complete a new online DWC Form-005 for only the business locations that need to be removed.

- The Filing Period Start Date is the same as on the previously reported DWC Form-005.
- The Filing Period End Date may differ from the previously reported DWC Form-005.

**Q. I have submitted an online DWC Form-005 but I forgot to print a copy for my records. How can I get a copy of my Employer Notice of No Coverage or Termination of Coverage?**

**A.** Contact the TDI-DWC Insurance Coverage section for assistance at 1-800-372-7713 or 512-804-4345.

For more information contact:  
[TXComp.Help@tdi.state.tx.us](mailto:TXComp.Help@tdi.state.tx.us)