



State of Michigan
Rick Snyder, Governor

Department of Licensing and Regulatory Affairs
Steven H. Hilfinger, Director

Workers' Compensation Agency
Self-Insured Programs
7150 Harris Drive
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To Whom It May Concern:

The following information about the Department of Licensing and Regulatory Affairs (LARA), Workers' Compensation Agency (WCA), Self-Insured Programs Division, is being furnished to you so that you may efficiently communicate with our office and staff.

Self-Insured Programs staff members are:

Mr. John W. Schrock
Administrator

Ms. Carolyn Norton
Departmental Analyst

Mr. Noel Todter
Claims Auditor

Ms. Sue Bauer
Departmental Technician

Ms. Melissa Hamp
Secretary

Generally, questions and correspondence related to group self-insurers and service companies should be directed to John or Sue. Questions and correspondence related to individual self-insurers should be directed to John or Carolyn.

Our telephone number is (517) 322-1868 and our facsimile number is (517) 322-5944 If you are attempting to communicate with us by mail, please use one of the following addresses:

REGULAR MAIL DELIVERY:

(Use this address for any type of mail service that will deliver to a Post Office Box Number.)

**Michigan Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
Self-Insured Programs
P. O. Box 30016
Lansing, MI 48909**

EXPRESS OR OVERNIGHT MAIL DELIVERY:

(Use this address when a physical location is required.)

**Michigan Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
Self-Insured Programs
State Secondary Complex, GOB, 1st Floor, Wing B
7150 Harris Drive
Dimondale, MI 48821**

The LARA Workers' Compensation Agency web site is: <http://www.michigan.gov/wca>. To access Self-Insured Programs information within this web site use the title bars located to the left of the page and –

Left click on **Self-Insurance--**

• **Featured Forms and Publications**

- WC-402 Self-Insurer Application Packet (fill-in form)
- WC-402A Self-Insurer Request to Add or Delete Subsidiary/Affiliate (fill-in form)
- WC-402G Group Self-Insurer Application Packet
- WC-402GR Group Self-Insurer Application Only (fill-in form)
- WC-404 Service Company Application (fill-in form)
- WC-650 Group Self-Insurance Notice of Acceptance of Membership (fill-in form)
- WC-651 Notice of Termination of Membership (fill-in form)
- Letter of Credit/Memorandum of Understanding (fill-in form)
- Michigan Continuous Surety Bond
- Michigan Certificate of Specific/Aggregate Excess Liability Insurance
- Self-Insurer's Claims Transfer Agreement

• **Other Information**

- Individual Self-Insured Employer List
- Service Company List
- Active Self-Insured Group List
- Self-Insured Division Information

To view LARA, WCA Rules and Act, left click on **Publications --**

• **Featured Forms and Publications**

- BWDC Administrative Rules Content
- Workers' Disability Compensation Act of 1969, Act 317 of 1969

We hope this information will be of assistance to you. If you have any questions regarding Self-Insured Programs, please do not hesitate to contact us.