



## STATE-SPECIFIC FORMS & DOCUMENTS

Use these forms as needed. Send copies of any completed coverage election or rejection forms to Omaha National.

### **D-25 - Affirmation of Compliance with Mandatory Industrial Insurance**

#### **Requirements:**

This form is used by employers for business registration purposes. Employers complete the form and provide it to local business licensing entities. Enter the workers' compensation insurance policy number within the Account Number form field.

### **D-43 - Employee's Election to Reject Coverage and Election to Waive Rejection of Coverage for Excluded Persons:**

Employees may use this form to reject the provisions of Nevada's workers compensation laws or to reverse a prior rejection of coverage. The employee must complete the form and deliver it in person or via first-class mail. Send copies of any completed forms to Omaha National and the Nevada Division of Industrial Relations. The notice must be provided within 30 days after the effective date of the election or rejection.

### **D-44 - Election of Coverage by Employer; Employer Withdrawal of Election of Coverage:**

Employers may use this form to document an election of coverage for statutorily excluded employees or to withdraw an election of coverage. Send copies of any completed forms to Omaha National and the Nevada Division of Industrial Relations. Notice must be delivered in person or sent via first-class mail. The notice must be provided within 30 days after the effective date of the election or withdrawal.

### **D-23 - Employee's Declaration of Election to Report Tips:**

Employees may use this form to report their tips for inclusion in compensation calculations when an injury occurs. The form must be completed and submitted for each pay period before the end of the next pay period. Please provide copies of the completed forms to Omaha National when an injury occurs.