



**Texas Department of Insurance**  
**Division of Workers' Compensation**  
 7551 Metro Center Drive, Suite 100 • MS-96  
 Austin, TX 78744-1645  
 (800) 372-7713 phone • (512) 804-4146 fax

**Employer Notice of No Coverage or Termination of Coverage**

*Online submission available through Employer Online Filings at:*  
<https://txcomp.tdi.state.tx.us/TXCOMPWeb/common/home.jsp>

**I. REQUIRED STATEMENTS**

**1. Statement of No Coverage**

The employer named below **DOES NOT HAVE** workers' compensation insurance coverage, pursuant to the Texas Workers' Compensation Act, Texas Labor Code, Section 406.004.

The employer named below **HAS TERMINATED** workers' compensation insurance coverage, pursuant to the Texas Workers' Compensation Act, Texas Labor Code, Section 406.007.  
 Policy terminated effective (mm/dd/yyyy):  
 Policy number:  
 Insurance company name:  
 Insurer informed of termination on (mm/dd/yyyy):  
 Employees were (will be) notified on (mm/dd/yyyy):

The election selected above is effective from \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy). The effective dates cannot exceed a one-year period.

**2. Statement of Reportable Injuries or Diseases**

Did you have any death, injury that resulted in the injured employee's absence from work for more than one day, or knowledge of an occupational disease since your last *Employer Notice of No Coverage or Termination of Coverage*?

Yes  No If your response is "Yes", you may be required to file a DWC Form-007, *Employer's Report of Non-covered Employee's Occupational Injury or Disease*. (See the Frequently Asked Questions section of this form.)

**II. PRIMARY EMPLOYER INFORMATION**

<b>3. Employer Business Name</b>	<b>4. Federal Employer ID Number</b>
<b>5. Employer Business Mailing Address</b> (Street or PO Box, City, County, State, Zip Code)	
<b>6. Employer Business Type</b>	<b>7. Six-Digit NAICS Codes</b>

**NOTE:** You must provide name, Federal Employer ID number and address of each Texas business location, subsidiary, or separate entity of the primary employer covered by this report. To identify additional locations, submit a DWC Form-205, *Locations of Employer's Business(es)*.

**III. PERSON PROVIDING INFORMATION**

<b>8. Printed Name</b>	<b>9. Phone Number</b>
<b>10. Title</b>	<b>11. E-mail Address</b>
<b>12. Signature</b>	<b>13. Date of Signature</b> (mm/dd/yyyy)

For TDI-DWC Use Only

## Frequently Asked Questions

### Employer Notice of No Coverage or Termination of Coverage

#### Who must file the DWC Form-005?

An employer who **does not have** workers' compensation insurance (non-subscriber) must file the DWC Form-005, unless the employer's only employees are exempt from coverage under the Texas Workers' Compensation Act (for example, certain domestic workers, certain farm and ranch workers).

An employer who **terminates** workers' compensation insurance coverage must file the DWC Form-005.

Failure to file the form when required may subject the employer to administrative penalties.

#### When do I file the DWC Form-005?

An employer who uses the DWC Form-005 to file a **notice of no coverage** must file:

- annually between February 1st and April 30th of each calendar year;
- within 30 days of the employer hiring its first employee, unless this due date falls between February 1st and April 30th and the employer submits the notice within this time period; and
- within 10 days of receipt of a TDI-DWC request for filing a notice of no coverage.

An employer who uses the DWC Form-005 to file a **notice of termination of coverage** must file:

- within 10 days after notifying the insurance carrier of the termination of coverage unless the employer purchases a new policy or becomes a certified self-insurer; and
- thereafter, the employer must file the DWC Form-005 as a non-subscriber as long as the employer remains in operation and does not have workers' compensation insurance coverage.

#### How do I file the DWC Form-005?

Employers can submit the DWC Form-005 to the TDI-DWC by:

- filing electronically on the TDI website at:  
<https://txcomp.tdi.state.tx.us/TXCOMPWeb/common/home.jsp>;
- faxing the form to (512) 804-4146; or
- mailing the form to the address listed at the top of the form (if the filing is for **termination of coverage**, the submission must be by certified mail).

#### How/when must a non-subscriber notify employees that workers' compensation coverage is not provided?

An employer **must post** the *Notice to Employees Concerning Workers' Compensation in Texas* in the workplace in English, Spanish and any other language common to the employer's employee population in the print type specified by TDI-DWC rules whenever the employer:

- elects to not have workers' compensation insurance;
- cancels or terminates workers' compensation insurance;
- withdraws from certified self-insurance; or
- has its workers' compensation coverage cancelled by the insurance company.

The employer **must also provide** this notice to each employee:

- at the time of hire;
- when the employer elects to not have workers' compensation insurance;
- within 15 days of notification to the insurance carrier that the employer is terminating coverage unless the employer maintains continuous coverage under a new policy or becomes a certified self-insurer; or
- within 15 days of cancellation by the insurance company.

The required notice may be found on the TDI website at:  
<http://www.tdi.texas.gov/forms/dwc/notice5.pdf> (English) and  
<http://www.tdi.texas.gov/forms/dwc/notice5s.pdf> (Spanish).

#### **Are non-subscribers required to file other forms with the TDI-DWC?**

Employers with five or more employees are required to report work-related injuries and diseases to the TDI-DWC. Non-subscribers and covered employers whose employee(s) have waived workers' compensation insurance coverage must report these work-related injuries and diseases using the DWC Form-007, *Employer's Report of Non-covered Employee's Occupational Injury or Diseases*. The form must be filed not later than the 7<sup>th</sup> day of the month following the month in which:

- a work-related death occurred,
- an employee was absent from work for more than one day\* as a result of an on-the-job injury, or
- the employer acquired knowledge of an occupational disease.

\*Do not count the day of the injury or the day the injured employee returned to work when calculating the number of days absent from work.

The DWC Form-007 can be obtained from the TDI website at:  
<http://www.tdi.texas.gov/forms/dwc/dwc7.pdf>.

#### **Are any fields on the DWC Form-005 optional?**

No, all applicable fields must be completed each time the DWC Form-005 is filed.

Additional information can be obtained from the TDI website at:  
<http://www.tdi.texas.gov/wc/employer/index.html> or by calling 1-800-372-7713.

**NOTE:** With few exceptions, upon your request, you are entitled to be informed about information TDI-DWC collects about you; receive and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004).