



PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Non-subscriber notice to Division of Workers' Compensation

Este formulario está disponible en español en el sitio web de la División en

www.tdi.texas.gov/forms/dwc/dwc005snocov.pdf

Para obtener asistencia en español, llame a la División al 800-252-7031.

If you would like to file online using your smartphone, tablet, computer, or an XML file upload, go to.

www.tdi.texas.gov/wc/forms/onlinefiling.html

Part 1. Parent company or single location business information

1. Business name	2. Federal employer identification number (FEIN)
3. Mailing address (street or PO box, city, state, ZIP code)	4. North American Industry Classification System code (NAICS.com) (business type)
5. Contact name (first, last)	6. Contact phone number
7. Contact email	8. Date completed (mm/dd/yyyy)
9. Effective dates (date range cannot be more than one year) Effective from (mm/dd/yyyy) to (mm/dd/yyyy)	
10. Reason for filing <input type="checkbox"/> a. Annual filing, between February 1 and April 30 each year. (required for all non-subscribers) <input type="checkbox"/> b. Business terminated workers' compensation coverage and became a non-subscriber: Policy number _____ Policy ended on (mm/dd/yyyy) Insurance company _____ Insurer informed of termination on (mm/dd/yyyy) Employees were (or will be) notified on (mm/dd/yyyy) <input type="checkbox"/> c. Closed business on (mm/dd/yyyy) and will no longer send notices to the Texas Department of Insurance, Division of Workers' Compensation (DWC). <input type="checkbox"/> d. Any other business changes since last notice to DWC, such as adding or removing a location, and business name and address changes.	
11. Business locations Use the Other business locations page at the end of this form to list all locations and subsidiaries of the employer named in item 1 above that are not covered by a workers' compensation insurance policy.	

Part 2. Compliance with non-subscriber requirements

By filing this form with DWC, the non-subscriber affirms they do not have workers' compensation coverage and will:

- File non-subscriber notices between February 1 and April 30 of each calendar year.
- Notify new and existing employees of no workers' compensation coverage or termination of coverage by:
 - Giving written notice of non-coverage to new employees.
 - Giving written notice that coverage was terminated, including the date that it was terminated.
 - Posting written notice at employee workplaces in English, Spanish, and any other language that is appropriate by using Notice 5.
 - Placing the notice where employees can see it regularly.
- Report **work-related** injuries or illnesses monthly by using DWC Form-007, *Employer's report of noncovered employee's work-related injury or illness* if the employer has five or more employees and (1) you know of a work-related illness, or (2) you know of a work-related injury that either:
 - Caused the employee to miss one or more days of work.
 - Resulted in a death.

Note: Get employee forms and notices at <http://www.tdi.texas.gov/forms/form20employer.html>.

12. Contact signature (first, last)

13. Contact title

FAQ

Non-subscriber notice to Division of Workers' Compensation

What is a non-subscriber?

A non-subscriber is a Texas employer who does not have workers' compensation insurance coverage or has terminated their workers' compensation coverage and has one or more employees.

Who must file the DWC Form-005, *Non-subscriber notice to Division of Workers' Compensation (DWC Form-005)*?

You must file this form if you are a non-subscriber and have one or more employees who are not exempt from workers' compensation coverage. However, if your employees are exempt from coverage (for example, certain domestic workers, and certain farm and ranch workers) you don't have to file.

Where do I send this form?

- Online: tdi.texas.gov/wc/nonsubscribers.html
- Email: coverage.verification@tdi.texas.gov
- Fax: 512-804-4146
- [Create a profile in TXCOMP and upload documents.](#)

When do I file the DWC Form-005?

- Within 30 days of hiring your first employee.
- Within 10 days of terminating your workers' compensation coverage.
- Within 10 days of DWC asking you to file it.
- Between February 1 and April 30 of each calendar year.

I have already filed a DWC Form-005. Do I have to file another one?

Yes. File a new DWC Form-005 between February 1 and April 30 of each calendar year.

What is a NAICS code?

North American Industry Classification System (NAICS) code is a numeric code that describes a business. To find your NAICS code, go to www.naics.com/search/, enter a keyword to describe your business, and select the appropriate code.

How can I change the locations I already reported on my DWC Form-005?

To add, delete, or update one or more business locations, complete a new DWC Form-005.

Are any fields optional?

No. You must complete all fields.

Is the workers' compensation carrier also required to send a report to DWC when I terminate coverage with them?

Yes. An insurance carrier must file a notice with DWC within 10 days. Texas Administrative Code §110.1

Note: With few exceptions, on your request, you are entitled to:

- Be informed about the information DWC collects about you;
- Receive and review the information (Government Code Sections 552.021 and 552.023); and
- Have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or refer to the Corrections Procedure section at www.tdi.texas.gov.

Other business locations

Use more pages as needed.

Check one: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change	Effective date (mm/dd/yyyy)	Business name
	FEIN	Address (street or PO box, city, state, ZIP code)
Check one: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change	Effective date (mm/dd/yyyy)	Business name
	FEIN	Address (street or PO box, city, state, ZIP code)
Check one: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change	Effective date (mm/dd/yyyy)	Business name
	FEIN	Address (street or PO box, city, state, ZIP code)
Check one: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change	Effective date (mm/dd/yyyy)	Business name
	FEIN	Address (street or PO box, city, state, ZIP code)
Check one: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change	Effective date (mm/dd/yyyy)	Business name
	FEIN	Address (street or PO box, city, state, ZIP code)
Check one: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change	Effective date (mm/dd/yyyy)	Business name
	FEIN	Address (street or PO box, city, state, ZIP code)
Check one: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change	Effective date (mm/dd/yyyy)	Business name
	FEIN	Address (street or PO box, city, state, ZIP code)
Check one: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change	Effective date (mm/dd/yyyy)	Business name
	FEIN	Address (street or PO box, city, state, ZIP code)