TO: ALL NEVADA WORKERS' COMPENSATION INSURERS (Active and Inactive)
Private Carriers Licensed for Workers' Compensation in Nevada (writing and non-writing)
Self-Insured Employers (current and inactive Certificates of Authority)
Associations of Self-Insured Employers (current and inactive Certificates of Authority)

CC: Third Party Administrators (TPAs)

FROM: Jodi McCollins, Chief Administrative Officer, Workers' Compensation Section (WCS)
State of Nevada, Department of Business and Industry, Division of Industrial Relations

DATE: July 15, 2026

SUBJECT: Nevada WCS Workers' Compensation Claims Activity Reports or Statements of Inactivity
Fiscal Year 2026 (July 1, 2025 - June 30, 2026)

Click here for detailed instructions: **FY26 WCS Workers' Compensation Claims Activity Report/Statement of Inactivity CARDS Webform Instructions**

The ***Fiscal Year 2026 WCS Workers' Compensation Claims Activity Report (Activity Report)/Statement of Inactivity*** webform is now open in the CARDS portal and is only available to CARDS Insurer users with appropriate permissions to access the form. If you are not the appropriate party to receive this correspondence, please forward to the person(s) within your organization responsible for state reporting.

The WCS requires submission of the Activity Report/Statement of Inactivity via the CARDS portal. Read and follow the instructions on the Insurer-TPA Reporting page on the WCS website for filing the webform in CARDS. Please review the instructions carefully as this reporting process has changed significantly from prior years.

The Activity Report/Statement of Inactivity webform must be completed by Insurers in the CARDS portal on or before September 1, 2026. The webform will be accessible from July 15 through December 31 each year but will be considered late if submitted after the September 1 due date.

Private carriers: Please submit one report per insurer/underwriting company. Insurers using multiple TPAs in Nevada must aggregate their data and submit one combined report.

Self-insured employers: Employers who are currently self-insured or have previously held an active self-insurance certificate must report as an insurer. Employers who were once self-insured must continue to report claims activity for claims incurred during their period of self-insurance unless the liabilities have been transferred to another insurer or self-insured employer. Submit the ***Statement of Inactivity*** webform if all the claims during the period of self-insurance were closed during all of FY26.

Associations of Self-Insured Employers: Self-insured groups that are currently licensed must report as an insurer. Self-insured groups must continue to report claims activity after license decertification for claims incurred during the period of self-insurance unless the liabilities have been transferred to another insurer

or self-insured group. Submit the Statement of Inactivity if all the claims during the period of self-insurance were closed during all of FY26.

Read and follow all instructions carefully. Information submitted must be complete, accurate and correctly calculated. A zero (0) should be entered in all fields where there has been no activity. If a specific amount is unknown or not captured for a category, mark the check box for that field. You will not be able to submit the webform if fields are blank.

An insurer having no claims activity during the fiscal year must complete the ***Statement of Inactivity*** in lieu of the ***Activity Report***. Every insurer, active or inactive, with retained liabilities, must submit either the ***Activity Report*** or the ***Statement of Inactivity***.

Nevada Revised Statutes (NRS) 616B.009(1) states: "All insurers shall report to the administrator, annually or at intervals which the administrator requires, all accidental injuries, occupational diseases, dispositions of claims and payments made under chapters 616A to 617, inclusive, of NRS or regulations adopted by the division pursuant thereto." Nevada Administrative Code (NAC) 616A.410 requires workers compensation insurers to respond to a written request of the administrator or his designated agent within 30 days after receipt of the request or as specified in the request. Failure to return the completed forms as requested by WCS or to comply with any of the statutes and regulations mentioned herein shall result in administrative action pursuant to NAC 616D.415(1)(d).

If you have any questions regarding this request, you may contact the Data Management team at (702) 486-9080 or by email at wcsra@dir.nv.gov.