



# 2022 CONTACT FORM

## GROUP SELF-INSURANCE WORKERS' COMPENSATION FUND [ACCG-GSIWCF / Workers' Compensation Program]

I hereby appoint the **following contacts** for \_\_\_\_\_  
(Name of Organization)

\_\_\_\_\_  
Signature of County Chairman or Executive Director for Authority

\_\_\_\_\_  
Date

■ The appointed **ACCG-GSIWCF Insurance Contact** is \_\_\_\_\_  
(Insurance Contact receives invoices & renewals for workers' compensation)

Position \_\_\_\_\_ Email: \_\_\_\_\_  
If there is a change in the insurance contact, please advise if the previous contact is still affiliated with the county for the ACCG database to be current and accurately maintained.  Yes  No

■ The appointed **ACCG-GSIWCF Safety Coordinator** is \_\_\_\_\_  
(Safety Coordinator is responsible for the Safety Program)

Position \_\_\_\_\_ Email: \_\_\_\_\_  
If there is a change in the safety coordinator, please advise if the previous contact is still affiliated with the county for the ACCG database to be current and accurately maintained.  Yes  No

■ The appointed **ACCG-GSIWCF Claims Contact** is \_\_\_\_\_  
(Claims Contact is responsible for reporting workers' compensation claims / Additional Claims Contacts may be listed on reverse side)

Position \_\_\_\_\_ Email: \_\_\_\_\_

■ The **ACCG-GSIWCF Payroll Audit Contact** is \_\_\_\_\_  
(Audit Contact receives audit notifications & provides requested documents for worker's compensation audit)

Position \_\_\_\_\_ Email: \_\_\_\_\_

Please EMAIL completed Contact Form to [accginsurance@accg.org](mailto:accginsurance@accg.org) or FAX 404-522-1897