



# North Carolina Rate Bureau Workers Compensation E-Mail Notification Change Request Form

**Change Request Type:** Add  Delete  Change  (If changing contact, please indicate prior contact)

NCRB Company Name	NAIC Code

If Company is in a group, please show name of group and NAIC Group Code:

Group Name	NAIC Group Code

**• Circular Letter Notification:**

Name :		
Title:		
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Email address:		
<b>Prior Contact Name:</b>		

**• Billing Invoices**

Name:		
Title:		
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Email address:		
<b>Prior Contact Name:</b>		

**• Carrier Data Quality Email Notification**

Name:
Email address:
<b>Prior Contact Name:</b>

**• ManagePolicy Email Notifications**

Name:
Email address:
<b>Prior Contact Name:</b>

**• ManageUSR Email Notifications**

Name:
Email address:
<b>Prior Contact Name:</b>

**• Notice of Assignment Emails (Assigned Risk)**

Name:
Email address:
<b>Prior Contact Name:</b>

• **Policy Fine Report Email Notifications**

Name:

Email address:

**Prior Contact Name:**

• **WCRatings Email Notifications**

Name:

Email address:

**Prior Contact Name:**

• **Other – Not listed above**

Description:

Name:

Title:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Email address:

**Prior Contact Name:**

Please email completed form to [wcinfo@ncrb.org](mailto:wcinfo@ncrb.org)