



TO: **Workers' Compensation Third Party Claims Administration**

SUBJECT: RFP NO. 072143

**ADDENDUM NUMBER # 02**

This addendum is issued to add, remove, clarify, and amend the following:

**Adding of Claim Types from Loss/Run Report**

Year	NWSA T/L Claims	NWSA M/O Claims
2024 (thru 7/31/24)	1	1
2023	8	1
2022	3	1
2021	4	1
2020	1	2
2019	2	2

Year	POT T/L Claims	POT M/O Claims
2024 (thru 7/31/24)	2	2
2023	0	3* Includes 2 reported hearing loss – expected to need medical treatment but no requests rec'd/paid yet
2022	7	8*

			Includes 3 reported hearing loss – expected to need medical treatment but no requests rec'd/paid yet			Includes 4 reported hearing loss – expected to need medical treatment but no requests rec'd/paid yet
			4* Includes 3 reported hearing loss – expected to need medical treatment but no requests rec'd/paid yet			12* Includes 3 reported hearing loss – expected to need medical treatment but no requests rec'd/paid yet
2021	3		2019	6		Includes 3 reported hearing loss – expected to need medical treatment but no requests rec'd/paid yet
		2020	8	7*		