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| **California COVID-19 Non-Industrial Reporting Form** |  |

**NEW REQUIREMENT per SB1159**: All employers with 5 or more total employees are now required to report certain non-industrial COVID-19 infections that occur in their facilities. *(Employers subject to a civil penalty of up to $10,000 for failure to report)*

**This form must be submitted for each positive COVID-19 test result received. Email completed form to** [**CACOVIDnonindustrial@msig-na.com**](mailto:CACOVIDnonindustrial@msig-na.com) **for MSIG mandatory record keeping.**

* Positive Test between 7/6/2020 through 9/17/2020 – Employer must report to MSIG by 10/29/2020.
* Positive Test on or after 9/18/2020 through 1/1/2024 - Employer must report to MSIG within 3 days.

***Attention: Completion of this form does not generate a workers’ compensation claim, nor does a positive test result qualify as a report of a potential claim.***

**To submit a Workers' Compensation claim, please provide the DWC-1 Form and contact us at (866)676-6872 or** [**NewLoss@msig-na.com**](mailto:NewLoss@msig-na.com)

*Personal identifiable information of your employee is not permitted.*

*Please utilize a reference number for your employee that you can identify, but that is not identifiable to the Claims Administrator, or to anyone else.*

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| 1. Employer Name: | | | 2. Policy Number (if applicable): |
| 3. Reference #: | 4. Occupation: | 5. COVID-19 Test Date: | 6. Date employee last worked at employer's work location: |
| 1. Location Name & Address   *Specific address or addresses of the employee’s specific place of employment during the 14-day period preceding the date of the employee’s positive test(continue below if additional space required)*   |  |  |  | | --- | --- | --- | | Name: | Name: |  | | Address: | Address: | **Testing completed** on or prior to 9/17/20: Report for the period 7/6/10 – 9/17/20: | | City, State, Zip Code: | City, State, Zip Code: | **Testing completed** on or after 9/18/20: Report for the 45 days prior to employees last date worked | | | | |
| 1. Number of Employees at Location  |  | | --- | | *Provide the highest number of employees at the locations listed under #7 above or additional location below:* | | **Testing completed** on or prior to 9/17/20: Report for the period 7/6/10 – 9/17/20: | | **Testing completed** on or after 9/18/20: Report for the 45 days prior to employees last date worked | | | | |
| Were any of these locations ordered to close by a local public health department, the State Department of Public Health, the Division of Occupational Safety and Health, or a school superintendent due to risk of infection with COVID-19:  Yes  No | | | |
| If so which location: | | When: | By Whom: |
| 1. Has the employee claimed this as work related?   *If so, please provide them with a* ***DWC-1*** *form and report the loss immediately to MSIG*  Yes  No | | | **For questions, please contact our Los Angeles Claim Team:**  **Milly Ortiz, HO WC Manager @ (818) 942-3962,** [**Miladys.Ortiz@msig-na.com**](mailto:Miladys.Ortiz@msig-na.com)  **or**  **Kevin Holguin, HO WC Technical & Compliance Mgr., @ (818) 942-3933,** [**Kevin.Holguin@msig-na.com**](mailto:Kevin.Holguin@msig-na.com) |

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| Please enter additional locations employee worked if required or any additional comments: |