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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** **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**

*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)*

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| 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 |

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| 1. Number of Employees at Location

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|  *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 |

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| 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** **or** **Kevin Holguin, HO WC Technical & Compliance Mgr., @ (818) 942-3933,** **Kevin.Holguin@msig-na.com** |

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