EMPLOYERS®

MANDATORY EMPLOYER REPORTING OF A COVID-19 POSITIVE TEST

Please complete one report for each employee's positive COVID-19 test. The report can be emailed to reportaclaim@employers.com or faxed to 775-886-1725.

OVERVIEW:

California Labor Code Section 3212.88(i) states that, "When the employer knows or reasonably should know that an employee has tested positive for COVID-19, the employer shall report to their claims administration in writing via electronic mail or facsimile within three business days all of the following":

1. An employee has tested positive. For purposes of this reporting, the employer shall not provide any personally identifiable information regarding the employee who tested positive for COVID-19 unless the employee asserts the infection is work related or has filed a claim form pursuant to Section 5401.
2. The date that the employee tests positive, which is the date the specimen was collected for testing.
3. The 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.
4. The highest number of employees who reported to work at the employee's specific place of employment in the 45-day period preceding the last day the employee worked at each specific place of employment.

POLICY INFORMATION:

Policy Name, as written: _____   Policy Number: _____

Primary Contact: _____   Contact Email: _____

Contact Phone #: _____   Contact Fax #: _____

Number of Employees: _____   Date: _____

COVID-19 Positive Test Information

Employee Identification Number: _____
- Do not include any personal identifiable information, i.e. name, SSN, DOB, address, etc.

Employee's Last Date Worked: _____

Positive COVID-19 Test Date: _____
- Date the specimen was collected for testing. The test must be a PCR (Polymerase Chain Reaction) or a viral culture approved for emergency use by the U.S. Food and Drug Administration.

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Employers Compensation Insurance Company | Employers Insurance Company of Nevada

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Date Employer was informed of the Positive COVID-19 Test Result: _____

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:

Highest number of employees who reported to work at the employee's specific place of employment in the 45-day period preceding the last day the employee worked at each specific place of employment:

Name: _____   Date: _____