

NOTICE: SB 1159 COVID-19 Reporting. This form is provided for informational purposes only and does not constitute legal advice regarding an employer's reporting requirements under SB 1159. If you have specific questions regarding your obligations under that statute, please contact an attorney.

SB 1159 became immediately effective when signed by California Gov. Gavin Newsom on September 17, 2020. Beginning on that date, when an employer "knows or reasonably should know that an employee has tested positive for COVID-19" the employer must report to its claims administrator the following information within three business days, via e-mail or fax. **Email:** Wclosses@intactinsurance.com or **Fax:** 800-224-4416.

For positive tests between July 6, 2020 and September 17, 2020: If an employer is aware of an employee who has tested positive during this period, the employer must report the following information via email or fax to its claims administrator by 10/29/2020.

The employer shall not provide any personally identifiable information regarding an employee who tested positive for COVID-19 unless the employee asserts the infection is work-related or has filed a claim form pursuant to Labor Code Section 5401.

If you have more than one employee who has tested positive for COVID-19, you must complete a separate form for each employee. For each employee you report, please keep internal records identifying the employee by name for future reference.

1. Employer name: _____
Employer Street Address: _____
City: _____ State _____ Zip Code: _____
Policy number: _____
2. Please identify the testing date for the employee who tested positive: _____ (MM/DD/YYYY)
(Note: The testing date is the date that a specimen was collected from the employee for testing.)
Was the test a PCR/Viral Test? (Choose one) ☐ Yes ☐ No ☐ I don't know
3. Please provide the information below for each specific place of employment where the employee worked (meaning the actual address of the building, store, facility, or agricultural field where the employee performed work at employer's direction) within the 14-day period prior to the testing date. This may be a different location than the business address requested above.

Location # 1		Location # 2	
Address:		Address:	
Total Employee Count for this specific location only:		Total Employee Count for this specific location only:	
Identify the last day the employee worked at this location:		Identify the last day the employee worked at this location:	
What is the number of employees at the workplace who received a positive test that was taken within 14 days before or after the positive employee's test?		What is the number of employees at the workplace who received a positive test that was taken within 14 days before or after the positive employee's test?	
For a positive COVID test date from 7/6/2020-9/16/20: What is the highest number of employees who reported to work at this specific location between 7/6/2020 and 9/16/2020?		For a positive COVID test date from 7/6/2020-9/16/20: What is the highest number of employees who reported to work at this specific location between 7/6/2020 and 9/16/2020?	

For positive COVID-19 tests beginning 9/17/2020: What is the highest number of employees who reported to work at the positive employee's specific places of employment in the 45 day period preceding the last day he/she worked at each specific place of employment?		For positive COVID-19 tests beginning 9/17/2020: What is the highest number of employees who reported to work at the positive employee's specific places of employment in the 45 day period preceding the last day he/she worked at each specific place of employment?	
Was the employee's specific place(s) of employment ordered closed by a local public health department, the State Department of Public Health, the Division of Occupational Safety & health, or a school superintendent due to risk of infection with COVID-19.		Was the employee's specific place(s) of employment ordered closed by a local public health department, the State Department of Public Health, the Division of Occupational Safety & health, or a school superintendent due to risk of infection with COVID-19.	
If YES, please explain:		If YES, please explain:	

If the employee worked at more than 2 specific places of employment during the 14-day period prior to the testing date, please add those locations to a separate document and attach to this COVID-19 Reporting Form.

4. Is the employee asserting that their exposure to COVID-19 is work related or is the employee requesting to file a Workers' Compensation claim (*Choose one*) ☐ Yes ☐ No
5. If yes, has a DWC1 been provided to the employee? ☐ Yes ☐ No
6. Has a Worker's Compensation claim been filed? If yes, please provide the information below.

Employee First Name Employee Last Name Claim Number

I hereby certify that I am an authorized representative of the insured named above and the information provided in this form is accurate and complete to the best of my knowledge.

First Name Last Name Title

Email address: _____ Phone number: _____

Signature: _____ Date: _____