



COVID-19 Positive Test Reporting Potential Outbreak of COVID-19

This form is to be used for reporting an employee with a COVID-19 positive test if you are not a supportive care or healthcare facility. Each completed form is specific to one (1) employee who has tested COVID-19 positive and shall be e-mailed to CWSB1159@carewestins.com, within three (3) business days of your knowledge of positive testing.

Note: Labor Code 3212.88(i)(1) specifically states: For the 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.

Labor Code 3212.88(i) requires that all positive COVID-19 tested employees be reported to Care West Insurance Company, even when the COVID-19 test is not work related.

NAME OF EMPLOYER:		
CONTACT PERSON INFORMATION:		
NAME:	PHONE:	EMAIL:

DATE OF POSITIVE COVID-19 TEST:	
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The date of the positive test is the date the specimen was drawn from the employee

LOCATION(S) WHERE THE EMPLOYEE WORKED OVER THE 14 DAYS PRECEDING THE TEST DATE:			
LOCATION 1:	LOCATION 2:	LOCATION 3:	LOCATION 4:

STATE THE COUNT FOR THE 'HIGHEST' NUMBER OF EMPLOYEES IN EACH LOCATION NOTED ABOVE, FOR THE 45-DAY PERIOD PRECEDING THE DATE OF POSITIVE COVID-19 TESTING.					
LOCATION 1:	HIGHEST COUNT OF EEs:	DATE OF HIGHEST EE COUNT:	LOCATION 2:	HIGHEST COUNT OF EEs:	DATE OF HIGHEST EE COUNT:
LOCATION 3:	HIGHEST COUNT OF EEs:	DATE OF HIGHEST EE COUNT:	LOCATION 4:	HIGHEST COUNT OF EEs:	DATE OF HIGHEST EE COUNT:

HAS THE EMPLOYEE STATED COVID-19 IS WORK RELATED?	YES	NO
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IF YES, PROVIDE THE DWC-1 AND SUBMIT WITH THIS FORM ALONG WITH THE INFORMATION BELOW:

EMPLOYEE NAME:	SOCIAL SECURITY #:	TELEPHONE:
HOME ADDRESS:		

Email completed form to: CWSB1159@carewestins.com

Notices and Information

The Care West claims team will monitor COVID-19 positive cases as reported to determine if an "outbreak" has potentially occurred in your location(s). If it is determined a potential outbreak has occurred, a member of the claims team will reach out to you and ask you to report the specific claims that may be part of an outbreak. Once notices are received, a full investigation as to (1) verifying an outbreak, and (2) determining compensability of the claims through gathering of details and evidence will be undertaken.

For a COVID-19 positive to trigger presumption under Labor Code 3212.88, an outbreak must occur. Under Labor Code 3212.88(k)(1) Care West is required to use the testing information you provide "to determine if an outbreak has occurred for the purpose of administering a claim pursuant to this section." An outbreak is defined in Labor Code 3212.88(4)(A) as either 4 employees or more test positive when there are 100 or less employees in a specific location, or 4% of employees test positive in locations with 100 or more employees.

An employer or other person acting on behalf of any employer who intentionally submits false or misleading information, or fails to submit information when reporting pursuant to Senate Bill 1159, Section 4, L.C. 3212.88, subdivision (i) is subject to a civil penalty in the amount of up to ten thousand dollars (\$10,000) to be assessed by the Labor Commissioner.