

Claim Kit

Your Guide to Reporting an Injury



The moment your employee gets hurt on the job, claim costs can start to add up. If not managed early, medical expenses, lost time, and potential legal fees can take a toll on your business.

Help keep costs down by using this kit to report a claim as soon as possible. It contains a quick reference guide, claim forms, and the brochure you must provide to your employee at the time the work-related injury or illness occurs. Be proactive—fill out the quick reference guide on page 4 now and distribute it to your supervisors. The information could be crucial if an injury occurs at a jobsite.

Should you need immediate assistance in filing a claim, call the State Fund Customer Service Center at 1-888-STATEFUND (1-888-782-8338). Our experienced claims specialists are ready to assist you.

Remember, filing the Employer’s Report form does NOT constitute an admission of liability.

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What to Do When an Occupational Injury or Illness Occurs . . .

Taking the few steps below can safeguard your employee and your business! Proceed promptly, keeping in mind that reporting does NOT constitute an admission of liability:

1. Take or send the injured employee who has not predesignated a physician to the appropriate State Fund Medical Provider Network (MPN) facility. Referral to a predesignated physician must meet the current legal requirements. See ***New Employee's Guide to Workers' Compensation*** (form [e13286](#)) and ***Employee's Guide to State Fund MPN*** (form [e3851](#)), or contact the State Fund Customer Service Center or your claims representative for details. Remember, the first concern is prompt medical care.
 2. Provide your injured employee with ***Employee's Guide to State Fund MPN*** (form [e3851](#)), at the time of injury. [Note: Regulations (CCR Title 8, Section 9767.12) require you to provide this brochure at the time of hire and again at the time of injury.]
 3. Provide your injured employee with a ***Workers' Compensation Claim Form*** (form [e3301/DWC 1](#)) within one working day of the injury, as the law requires. If possible, have the injured employee complete and return the form to you immediately. Send the original copy of the claim form to the nearest State Fund location, give a copy to the injured employee, and keep a copy for your records.
 4. Report the claim to State Fund within 5 days of your knowledge of an injury or illness [LC 6409.1(a)].
- Be prepared to provide the following information about the injury: employee's first and last name, Social Security Number, date of hire, date of injury, employer's date of knowledge of the injury, and county where the injury/accident occurred.
 - Call State Fund's Customer Service Center at 1-888-STATEFUND (1-888-782-8338) to file your report. A State Fund representative will complete the ***Employer's Report of Occupational Injury or Illness*** (form [e3067](#)) with you over the phone and mail you a copy.
 - Alternatively, you may fax your claims report to our fax line at 1-800-371-5905. A State Fund representative will contact you for additional information.
 - State Fund recommends filing the claims report within 24 hours so that we can provide benefits to the injured worker without needless delay.
 - If equipment breakdown contributed to the injury, stop further use until full repairs and a safety check have been completed. You can contact your State Fund Loss Control Representative if you need assistance.
5. Contact the Division of Occupational Safety and Health's Cal/OSHA Enforcement Unit immediately if your employee's injury was serious or resulted in death [LC 6409.1(b)].

Reporting an Injury—Quick Reference



You should fill out the contact information and distribute this form to your jobsite supervisors. The information could be crucial when an injury occurs.

1. Take or send the injured employee to a State Fund Medical Provider Network (MPN) facility if he or she has not predesignated a physician. (Employees who have predesignated can be sent to their personal physician.)
2. Provide the injured employee with **Workers' Compensation Claim Form** (form e3301/DWC 1) within one working day of the injury. Provide **Employee's Guide to State Fund MPN** (form e3851) at the time of injury.
3. Report the claim to State Fund within 5 days of your knowledge of the injury.
4. Contact the Division of Occupational Safety & Health's Cal/OSHA Enforcement Unit immediately if your employee's injury was serious or resulted in death. A serious injury is defined as any injury or illness which requires inpatient hospitalization for more than 24 hours for other than medical observation, or in which an employee suffers dismemberment or serious permanent disfigurement. It does not include any injury, illness, or death that is the result of a Penal Code violation or an accident on a public street or highway. State Fund's Customer Service Center 1-888-STATEFUND (1-888-782-8338) can provide you with current Cal/OSHA Enforcement Unit District Office contact numbers. Or if you prefer, you may obtain Cal/OSHA Enforcement Unit District Office information online at www.dir.ca.gov.

State Fund's Customer Service Center: 1-888-STATEFUND (1-888-782-8338)

State Fund MPN: A group of physicians and other medical service providers who will provide medical treatment to injured employees. For a list of medical providers in your area, go to www.statefundca.com. Click "I'm An Employee." Then click "Medical Provider Network," from the left-hand navigation and finally "Provider Finder" to launch the search tool.

Doctor (name, address, telephone)

Notes:

Hospital (name, address, telephone)

Notes:

Ambulance (name, address, telephone)

Notes:

Claim Forms Instructions

The following forms are contained in this claim kit. We include specific instructions for each form below. Instructions also appear on the actual forms.

Employer's Report of Occupational Injury or Illness (form e3067)

Call State Fund's Customer Service Center at 1-888-STATEFUND (1-888-782-8338) to file your report. A State Fund representative will complete the report with you over the phone and mail you a copy.

You may also fax your injury report to our toll-free fax line at 1-800-371-5905. If you choose this method, retain a copy of the report for your records. A State Fund representative will contact you for additional information.

Workers' Compensation Claim Form (form e3301/DWC 1)

Employers must provide a claim form to their employees within one working day of when the employer has knowledge of an industrial injury or an employee requests a claim form. Employers must keep a record of when the injury occurred (for Line 12 of the claim form), and when they provided the claim form to their employee (for Line 13). The employee "files the claim" by completing and signing the employee

section, the employer then completes and signs the bottom employer section. The employer must then send State Fund the original claim form (form e3301/DWC 1) and provide one copy to the injured employee, dependent, or representative that filed the claim within one working day of receipt of the form from the employee (for Line 14). Retain a copy of your employee's **Workers' Compensation Claim Form** for your records.

Employee's Guide to State Fund MPN (form e3851)

Employers must post the **Employee's Guide to State Fund MPN** (e3851) at every worksite, within close proximity to the mandatory **Employee Posting Notice** ([Notice to Employees DWC 7](#)), and in a location that is easily visible to employees. Employers must also provide the **Employee's Guide to State Fund MPN** (e3851) at time of injury or where there are existing

injuries and when transferring care into the State Fund MPN. You can download and/or print a copy of the **Employee Posting Notice** ([Notice to Employees DWC 7](#)) under the "Forms" section on www.statefundca.com or you can request a printed copy from us at 1-888- STATEFUND (1-888-782-8338).

Getting the forms you need – To receive any or all of the forms and the brochure mentioned above:

1. Go to Table of Contents on page 1 to access electronic copies of the forms and brochures.

–OR–

2. Download what you need from the "Forms" section on www.statefundca.com.

–OR–

3. Call our Customer Service Center at 1-888-STATEFUND (1-888-782-8338) to request a printed copy.