

## Employer reporting form: COVID-19 positive tests

As your workers' compensation partner, we're here to support you. As of September 17, 2020, the state of California requires all employers to report their employees' positive COVID-19 testing to their workers' compensation insurance carriers—regardless of whether there is a work-related workers' compensation claim. The Hanover uses this information to help the state of California identify potential outbreaks.

- Please complete one report for each positive COVID-19 test and keep a copy for your records.
- This form is only for reporting positive COVID-19 tests.
- For claim filing, please call 800-628-0250 or visit [hanover.com/claims](http://hanover.com/claims).
- Submit this form by email to [COVID@hanover.com](mailto:COVID@hanover.com) (preferred) or fax to 508-635-5913.

**PLEASE NOTE: This report is not filing a claim**, but we can help with that, too. For claim filing needs, please call 800-628-0250 or visit [hanover.com/claims](http://hanover.com/claims).

### Important dates

If you are aware of an employee testing positive for COVID-19 on or after July 6, 2020, you must report it to your claims administrator (California Labor Code Section 3212.88).

- Positive COVID-19 test results on or from July 6, 2020 through September 17, 2020 must be reported to your claims administrator by October 29, 2020.
- Positive COVID-19 test results after September 17, 2020 require reporting within 3 business days of knowledge (or when it should reasonably have been known).

**Subject to penalty:** According to California legislation (SB 1159), failure to report positive COVID-19 tests for each employee or submitting false or misleading information, is subject to a civil penalty in the amount of up to ten thousand dollars (\$10,000) to be assessed by the California Labor Commissioner.

### Policy information

Policy name  
(as written on policy): \_\_\_\_\_ Policy #: \_\_\_\_\_

Total number of employees: \_\_\_\_\_ Primary contact: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Today's date: \_\_\_\_\_

### COVID-19 test result information

**Date of positive COVID-19 test:**

This is the sample collection date. A Serologic (antibody) testing is not a viable test. \_\_\_\_\_

**Date employer notified of positive COVID-19 test result:**

\_\_\_\_\_

**Date employee last worked before positive COVID-19 test result:**

\_\_\_\_\_

**Has a worker's compensation claim been filed for the employee?**

No Yes

If the employee believes their positive COVID-19 test is work-related, you must report the claim separately. You can file a workers' compensation claim by calling 800-628-0250 or visiting [hanover.com/claims](http://hanover.com/claims).

\_\_\_\_\_ Claim #

## Employee location record

List all locations where employee worked during the 14-day period prior to the positive test result.

**Location:** Street address including suite and/or building number, city, state and zip code of work location

**Highest #:** Highest daily number of employees at each location

- If the positive test occurred on or after September 17, 2020, enter highest daily number of employees in the 45 days prior to last day the employee worked.
- If the positive test occurred between July 6, 2020 and September 16, 2020, enter highest daily number of employees during that time span.

**Ordered closure:** If a location was 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, who ordered the closure, and when.

Location	Highest #	Ordered Closure
		No Yes. Date of order: _____ Ordered by: _____
		No Yes. Date of order: _____ Ordered by: _____
		No Yes. Date of order: _____ Ordered by: _____
		No Yes. Date of order: _____ Ordered by: _____
		No Yes. Date of order: _____ Ordered by: _____
		No Yes. Date of order: _____ Ordered by: _____
		No Yes. Date of order: _____ Ordered by: _____

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

### Submit your report

Email your completed report to [COVID@hanover.com](mailto:COVID@hanover.com) (preferred) or fax it to 508-635-5913.



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