



Employer's Report of Covid-19 Cases

Instructions:

1. Complete one (1) form for each employee who had a positive Covid-19 test.
2. If the employee claims that the illness is work-related, complete this form but please also ensure that you submit the claim through the regular "new claim" reporting process. Information submitted through this form will **not** create a new claim.
3. DO NOT include any personally identifiable information (PII) on this form except when employee is claiming illness as work related.
4. Email completed forms to: customer_reporting_for_ca_wc_presumption_law@chubb.com

A. Employer Name: _____

B. Date the employee tested positive, which is the date that a specimen was collected for testing:

(mm/dd/yyyy)

C. Fill out the table below.

- For positive test dates between 7/6/20 and 9/16/20, include the highest number of employees that reported to work on any given workday for the entire period for each address.
- For positive test dates on or after 9/17/20, include the highest number of employees that reported to work on any given workday within the 45-day period from employee's last date of work for each address.

Address(es) where employee worked during the 14 days preceding the positive test	Highest number of employees who reported to work at each address during the applicable period (see above)

D. Name of Employer Representative completing this form: _____

Date: _____