



California Mandatory Employer Reporting of COVID-19 Cases (SB-1159 Reporting)

Effective September 17, 2020, employers shall report the following information for employees who have tested positive for COVID-19 on or after July 6, 2020 to their claim's administrator in writing via electronic mail at CA-COVID19@narisk.com.

Instructions:

1. Complete a separate form for each employee who tested positive for COVID-19.
2. Do not include any personally identifiable information (PII).
3. If the employee is alleging the illness is work related, please also file a workers' compensation First Report of Injury (FROI) at reportaclaim@narisk.com.
4. Completion of this form will not create a new claim.

Complete the following (do not include any personally identifiable information PII):

Employer name: _____

Employer policy number: _____

Address: _____

Contact person and phone number: _____

Date the employee tested positive, which is the date the COVID-19 test was conducted: _____

Has or will a worker compensation claim be filed as a result of this COVID-19 exposure? (Y/N): _____

Fill out the table below:

- Please list each employment address/location where the employee worked during the 14 days preceding the positive test.
- For each location, identify the date employee last worked at the location.
- For each location, indicate the highest number of employees that reported to work at the location in the 45-day period preceding the last day the employee worked at each location.
- Provide this report within 3 business days of discovery of a positive test.
- Do not include the employee's home or residence unless the employee performs home health care services at a home or residence.

Offices: Nationwide

Mail: P.O. Box 166002 • Altamonte Springs, FL 32716-6002 • Toll Free: (800) 315-6090

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Work Site Location and Address Where Employee Worked During the 14 Days Preceding the Positive Test	The Date Employee Last Worked at the Location	Highest Number of Employees Who Worked at this Location in the 45 Days Prior to Last Day the Employee Worked There.	Has This Location Been Ordered to Close Due to a Risk of COVID-19 (Yes/No)

Employer representative completing this form: _____ Date: _____