



## IMPORTANT NOTICE- Employers

This form is to be used for reporting COVID-19 CASES **ON AND AFTER** the effective date of SB 1159 (September 17, 2020)

You are required **by law** to report information to us regarding COVID-19 cases among your employees. You must report all COVID-19 cases, not just those that may be work-related. The following information must be provided to us within 3 business days from when you know an employee has tested positive. Sign, date and return this form to us. Use a separate form for each employee. You may email this form to us at SB-1159@natl.com or fax to 330-659-8958.

Insured Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insured Business Address: \_\_\_\_\_  
\_\_\_\_\_

**Do not provide personally identifiable information regarding the employee who tested positive unless the employee has indicated the infection is work-related or has filed a claim form.**

1. The date the employee tested positive (This is the date the specimen was taken for testing, if known; if unknown, provide the date you first knew the employee tested positive): \_\_\_\_\_
2. The specific address or addresses where the employee worked during the 14 days prior to the date of the positive test:  
\_\_\_\_\_  
\_\_\_\_\_
3. The last day the employee worked at the employee's specific place(s) of employment: \_\_\_\_\_
4. The highest number of employees who reported to work at the employee's specific place(s) of employment in the 45-day period preceding the last day the employee worked at each specific place of employment: \_\_\_\_\_
5. IF the employee has indicated the infection is work-related or has submitted a Claim Form, the name of the employee, the date the claim form was submitted, and the claim number: \_\_\_\_\_  
\_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**An employer or other person acting on behalf of an employer who intentionally submits false or misleading information or fails to submit information when reporting pursuant to 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.**