

## IMPORTANT NOTICE- Employers

This form is to be used for reporting COVID-19 cases from July 6, 2020 and Prior to the effective date of SB 1159 (September 17, 2020)

California law (SB 1159) requires you to report information to us regarding COVID-19 cases of your employees. You must report all COVID-19 cases, not just those that may be work-related. This information must be provided to us within 30 business days from when SB 1159 becomes law. You may email this form to us at [SB-1159@natl.com](mailto:SB-1159@natl.com) or fax to 330-659-8958.

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

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

I am not aware of an employee testing positive for COVID-19 on or after July 6, 2020, and prior to the effective date of SB 1159 at any of my places of employment. *If you check this box, sign and date this form and return to us.*

I am aware of an employee testing positive for COVID-19 on or after July 6, 2020, and prior to the effective date of SB 1159 at a specific place(s) of employment. *If you check this box, please provide the following information then sign, date and return to us. Use a separate form for each employee:*

**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 not known, provide the date you first knew the employee tested positive): \_\_\_\_\_
2. The address or addresses where the employee worked during the 14 days prior to the date of the positive test (attach additional page(s) if necessary): \_\_\_\_\_  
\_\_\_\_\_
3. The highest number of employees who reported to work at *each* of the employee's specific places of employment on any given workday between July 6, 2020, and the effective date of SB 1159: \_\_\_\_\_
4. 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.**