



SB 1159 COVID-19 REPORTING FORM 1- CA
Reporting Period: 7/6/2020 – 9/16/2020

1111 Ashworth Rd
West Des Moines, IA 50265
GuideOne.com

IMPORTANT NOTICE: If you have a California employee that has tested positive for COVID-19 on or after July 6, 2020, to September 16, 2020, you are required to promptly notify us with the information required in this form. You are required to report this information to us no later than 30 business days after law effective date. You must complete this form whether or not the illness is work-related and whether or not your employee has filed a claim. If your employee contends that the illness is work-related, you must report the claim in addition to completing this form. Please return this completed form as soon as possible to GuideOneCACovid19@guideone.com.

If you have more than one employee who has tested positive for COVID-19, you must complete a separate form for each employee. For each employee you report, please keep internal records identifying the employee by name for future reference.

- 1. Employer name:
Employer Street Address:
City: State Abbreviation: Zip Code:
GuideOne policy number:
2. If available, please provide the employee ID number:
3. Please identify the testing date for the employee who tested positive:
4. Please provide the information below for each specific place of employment where the employee worked...

Table with 2 main columns: Location # 1 and Location # 2. Rows include Address, Total Employee Count for this specific location only, Identify the last day the employee worked at this location, What is the highest number of employees who reported to work at this specific location from July 6, 2020 to September 16, 2020?, Has this location ever been ordered to close due to a risk of infection with COVID-19?, and If YES, please explain.

- 5. Has the employee filed a WC claim or alleged the illness is work-related? (Choose one) Yes No
If yes:

Employee First Name Employee Last Name Claim Number

I hereby certify that I am an authorized representative of the insured named above and the information provided in this form is accurate and complete to the best of my knowledge.

First Name Last Name Title

Email address: Phone number:

Date: SIGNATURE

1 If the testing date is on or after 9/17/2020, then you cannot use this reporting form. You must use SB 1159 COVID-19 Reporting Form 2 to report information about any employees who tested positive for COVID-19 on or after 9/17/2020.