

COVID-19 Report Form

This form is used to report anonymous, positive COVID-19 cases. Email this form to claims@omahanational.com or fax it to 844-761-8402. If you need to report a work-related COVID-19 claim, call us at 844-761-8400.

Employer Information

Company Name _____

Address _____

Phone Number _____

Policy Number _____

Employee(s) With Positive COVID-19 Tests

Employee ID Number	Asserting COVID-19 Work-Related	Date of Knowledge of Positive Test	Test Date / Specimen Collected	Work Site(s)	Max # of EEs at work site(s) during 45-day period prior to test
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
5. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
6. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
7. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____

IMPORTANT: This form may not be used to report a work-related COVID-19 claim. It is crucial that any cases involving a worker that is asserting a work-related COVID-19 illness be reported to us immediately at 844-761-8400 so we can gather the information necessary to handle the claim. The new laws limit our investigation period. In most instances, we only have 30 days to investigate a claim. The sooner we learn of an injury the better we can investigate the claim, arrange for appropriate medical care, and ensure that benefits are administered timely.

Completed by _____ Date _____

Signature _____ Title _____