

HOW TO FILL OUT THE 'EMPLOYER'S FIRST REPORT' - 5020:

This is a form filled out by the employer. It is a confidential form. This means only the employer and the carrier are to have access to the form. Even if a subpoena is filled, the Employer's First Report is not provided to any other party.

This form is filled out electronically by the CorVel Intake Call Center, as this form will then be sent to the Division of Workers' Compensation in electronic format. **DO NOT FILL THIS FORM OUT BY HAND.** The County of Riverside does have an 888 number service that will take the information from the Employer and fill the form out for him/her.

Questions 1 – 6 are used to identify the Employer, their location, the nature of the Employer's business and how to contact the Employer. As the County is self-insured and self-administered, Question 1a about the insurance policy should be left blank or have "not applicable" in the space or "N/A."

The column of boxes along the right-hand side of the form are for the State to use, so these should be left blank with the exception of the very last one where the date the form is completed is identified.

Questions 7 – 26 are questions concerning the injury and various benefits. Based upon the information provided here, various "clocks" will begin to run and if the County has not performed various actions within the set time frame, this can result in penalties and fines for the County. Please make sure your information and dates are accurate.

Questions 7 and 8 identify the date and time when the injury took place. If this is a continuous trauma injury, then the date the Employer was made aware of the injury is used. There is no need for the time.

Questions 9, 11, 12, 13 and 14 are used to identify data elements used for safety studies and record-keeping. Question 9 is the time the employee began work. Safety records kept by the State track the injury in relation to the length of time the Employee is on the job before injured. There seems to be a direct relation between the length of time working and the number of injuries.

Question 11 through 14 helps the State determine when Temporary Disability Benefits are due. Did the employee miss more than the Date of Injury due to the injury? When was the last date the Employee work? When did they return to work? Are they still off due to the injury?

If the Employee was not paid full salary for the Date of Injury, this changes the time frame for benefits to be paid. So Question 15 and 16 collect information about when the Employee stopped being paid salary. If sick leave or vacation time was used to make up any of the time the Employee lost due to the injury, these two Questions will document the loss of salary and when the State audits the file this is an issue they will explore.

Questions 17 and 18 are the same as the Questions on the DWC-1 Employee Claim Form. When was the date the Employer knew that the employee had sustained an injury and the Employer was also aware that this was due to an incident at work? In most cases, the Date of Knowledge and the Date of Injury are the same, but there are some cases where the dates are different, and so it is important to understand the difference. Once we have a Date of Knowledge we have 24 hours or one working day to provide the DWC-1, and so Question 18 documents the date the DWC-1 was given to the Employee. If it was mailed, then the date it was mailed to the Employee.

Question 10 is to be used only if the employee died as a result of his/her injuries. If the Employee died, then list the Date of Death.

Questions 19 through 26 now collect the information about what happened, where it happened and how it happened. Question 19 identifies the injury [i.e. strain, sprain, slip and fall, etc], the body part injured and any diagnosis the treating physician provides. Questions 20 through 22 give more detail about the physical location where the injury took place. This helps to identify if a third party may be responsible for the injury and if subrogation might be possible. Question 20 is looking for the physical address [i.e. street number, street and city] where the injury took place. This way an investigator can be sent to that location to conduct an additional investigation if needed. Question 20a asks for the County where the injury took place. Question 21 asks if the injury took place on the Employer's [property. If not, then there may be subrogation possibilities. Question 22 now want to know the specific department in the Employer's operation where the injury took place.

Question 23 asks if more than one employee was injured by the same incident that injured this Employee. This has to do with underwriting and a reporting requirement called the Unit Statistical Reporting [or with relation to the County, this would be the Annual Report] required by the State. An incident where more than one employee is injured is treated and reported differently than incidents where only one Employee is injured. Question 24 wants to know the equipment, tools etc the Employee was using when injured – even if the injury was not caused by the equipment or tools. Again, the State is collecting data for their studies.

Question 25 wants the specific activity the Employee was performing when injured – again, more data for State studies.

Question 26 now asks for a description of how the injury took place. If the Employer does not know, then “unknown” can be used in this question.

Questions 27 and 28 are designed to collect data concerning the treatment of the employee. Where did the employee go for treatment? Who treated the Employee? If the Employee was hospitalized, this will affect the time frames for providing benefits, and so the Employee needs to identify if the Employee was admitted to the hospital [not just treated in the emergency room] and which hospital. Question 29 simply wants to know if the Employee treated in the emergency room.

The last part of the form [Questions 30 – 39] collects information about the Employee who was injured. Question 30 – 34 are basic information to identify the Employee [i.e. name, social security number, date of birth, address phone number and sex]. The last questions [35 – 39] are data elements for the States studies. Question 35 asks for the occupation of the Employee. The State does do studies to see if one occupation is more prone to injuries or has more costly injuries than others. Also, the occupation of the Employee will affect any permanent disability benefits owed if the Employee sustains permanent disability. Question 36 asks for the date the Employee was hired by the Employer. Question 37 asks for the wage information as the amount of earnings at time of injury will also affect how much permanent disability is owed to the Employee if he/she sustains any permanent disability. Question 37a asks about the Employee's work status. Was he/she a full time Employee, part-time, etc? Question 37b asks for the Class Code wages were paid under. Each occupation is assigned a Class Code by the State. Question 38 asks for the gross wages of the Employee. As there is a requirement to consider the Employee's earning potential at the time of injury Question 39 asks about any other sources of income such as meals, housing, bonus, overtime, etc. As the 800 number service will electronically transmit the form to the Workers' Compensation Division, it is not signed by the Employer, but the Workers' Compensation Division does have a stamp to identify the Employer as the County of Riverside; otherwise the Employer would identify who filled the report out. This needs to be typed or printed so it is legible. Then the title and signature of the person filling out the form would be required. Lastly, the date the form was completed is added.