

HOW TO FILL OUT THE DWC – 1 EMPLOYEE CLAIM FORM:

DWC-1 EMPLOYEE CLAIM FORM:

This is a multi-copy/color form. This form is to be given to the employee **within 24 hours** of being aware of any industrial injury, or the employee's desire to file an industrial injury. The employee fills out the top form himself/herself. **IT IS NOT TO BE FILLED OUT FOR THE EMPLOYEE.**

The employee fills out the top portion and returns the form. The claim form is date stamped to show when it was returned, and the bottom copy of the form is returned to the employee. The employer then fills out the bottom portion of the claim. The claim form is then distributed: 1] carrier, 2] employer, 3] employee. [Note: This form changed effective 7/1/04. The new form adds a Notice of Potential Eligibility of Benefits form on top of the DWC-1 and the back of the new DWC-1 is blank.]

When filling out the bottom half of the form. Number 9 and 10 are simply the name and address of the employer. This would be the County of Riverside and the Department/Division. The actual address where the Department/Division is located is used. Questions 11, 12, and 13 are to document the various dates that start "clocks" running in the workers' compensation system. Based on these dates, the County may be assessed fines or penalties. Therefore, it is important to know which date to use.

The date the employer first knew of an injury [Question 11] refers to the date when the employer was aware of an injury [not an incident] and that it was work-related. In many cases, the Date of Knowledge and the Date of Injury are the same. In some cases, they are not. If the Date of Knowledge and the Date of Injury are NOT the same, then two separate dates need to be used.

The date the claim form was provided [Question 12] is the date when the DWC-1, the NOPE and the Facts for Injured Workers' pamphlet were provided. This would be the date of the Acknowledgement form. If the DWC-1 was mailed to the employee, then use the date the DWC-1 was mailed.

The date the claim form was returned [Question 13] is the date when you received the DWC-1 from the employee.

As the County of Riverside is self-insured and self-administered, Questions 14 and 15 are either left blank or put in the comment "Not Applicable [or N/A].

The person filling out the form then signs their name [Question 16] and lists his/her title [Question 17] and phone number [Question 18].