Workers' Compensation & COVID-19
What You Need to Know

For more assistance please call our Legal Advice & Referral Line at:
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PRACTICE AREAS: Plaintiff's Personal Injury, Wrongful Termination, & Discrimination Matters

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WORKERS' COMPENSATION BASICS

• One event (injury) OR repeated exposure, Some psychological injuries.
• Benefits include: Medical Care, Disability, Supplemental Job Displacement, and Death Benefits.
• You must report the injury to your employer within 30 days.
• Benefit amounts vary.
• Employers must have measures in place to prevent injuries; training, inspections, and procedures for unsafe corrections.
• Get emergency treatment if needed, call 911!

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WHAT IF MY EMPLOYER IS UNINSURED?

• California law requires employers to have Workers’ Compensation Insurance
• Employees are still entitled to Workers’ Compensation medical or other benefits
• Uninsured Employers Benefits Trust Fund
• Resources are available for assistance
  1. Local Workshops
  2. Information & Assistance office
  3. www.dwc.ca.gov

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WHAT IF THE EVENT WAS MY FAULT?

Workers' Compensation is a “No-Fault” System

Aimed to balance employer and employee rights

Employer must provide benefits regardless of fault; employee generally surrenders the right to sue employer.

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Injury or illness occurs at work

Immediately notify your supervisor and if emergency, call 911.

Employer gives you a claim form (DWC-1). Complete & return to supervisor.

Your employer will complete the claim form and give a copy to you and the insurance company.

Within 14 days, the insurance company will send you a notice regarding the status of your claim.

If your employer does not give you a claim form, fill out DWC-1 or contact the Department of Industrial Relations.

You should have access to medical care within 1 day of reporting your injury/illness. If not, contact the Department of Industrial Relations.

If your employer does not have insurance, contact an attorney for assistance.

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LEGAL STATUS

• Workers' Compensation available for everyone… **Yes, everyone!**
• Citizen, Legal Permanent Resident, Undocumented access.
• **Must** be an injury related to work

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MAY 6, 2020

Executive Order issued by Gov. Gavin Newsom

Changed Workers' Compensation landscape to include COVID-19

Must have contracted COVID-19 from a work-related event

Outlines elements to meet a COVID-19 Workers' Compensation claim

This order sunsets 60 days from its issuance – July 5, 2020

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“IT IS HEREBY ORDERED THAT…”

• A Workers' Compensation claim is valid for COVID-19 if…
  
  • Diagnosed or positively tested within 14 days of working at employment
  
  • On or after March 19, 2020
  
  • Place of employment is not employee’s home or residence
  
  • The diagnosis was found by a licensed physician/surgeon and is confirmed within 30 days.

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SO WHAT ELSE ABOUT THE ORDER?

Full Workers' Compensation benefits still apply.

If the employee has paid sick leave specific to COVID-19, the benefits must be used **before** Workers’ Compensation temporary disability benefits can begin.

No waiting period for Worker’s Compensation temporary disability benefits.

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**How Do I Apply? What Do I Need?**

1. Report the injury to your employer within **30 days**
2. Your employer may refer you to a medical professional
3. If you are not referred, seek medical care!
4. If the injury is an emergency call 911 or check-in at an ER.
5. Find and submit a DWC-1 form to your employer
6. Contact our Legal Advice and Referral Line at **1-800-675-8001** to know your rights!

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Employee—complete this section and see note above

1. Name (Street) 
2. Home Address. Direction/Residence 
3. City, State, Zip 
4. Date of injury: Time of injury: 
5. Address and description of where injury happened. 
6. Describe injury and part of body affected. 
7. Social Security Number. 
8. Check if you agree to receive notices about your claim by email only. 
9. Signature of employee. 

Employer—complete this section and see note below. 

10. Name of employer. 
11. Address. 
12. Date employer first knew of the injury. 
13. Date claim form was provided to employer. 
14. Date employee received claim form. 
15. Name and address of insurance carrier or adjuster agency. 
17. Signature of employer representative. 
18. Title. 
19. Telephone. 

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Employer: The recipient of this form is authorized to release it to third parties.

This form is not an admission of liability.
THANK YOU FOR JOINING US!

If you still have questions, or need assistance legal matters, please call us. We are here to help!

Central California Legal Services
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www.centralcallegal.org

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