



Go-Forward COVID-19 Employer Reporting Form

Reporting Period: September 17, 2020 to January 1, 2024 – must be reported within 3 business days.

This form must be completed if the illness is work related or not. If the employee indicates the illness is work related, a separate workers’ compensation claim form must also be provided and reported per normal claim reporting protocols.

Insured Name: _____ Insured Address: _____

Policy Number: _____

Employee ID number: _____
(Employer-assigned ID number that does not convey the employee’s personally identifiable information)

Date the employee’s specimen was collected for testing (indicating positive for COVID-19): _____

List any and all separate addresses/locations where employee performed any work within 14 days of the positive test date and the highest number of employees reporting to work at each of the employee’s specific places of employment on any given workday in the 45 days preceding the last day the employee worked. Use additional paper if necessary.

Preceding 14 Days: Location		Preceding 45 Days: Highest Number of Employees
1.		
2.		
3.		
4.		

If any specific place of employment is ordered to close by a local public health department, the State Department of Public Health, the Division of Occupational Safety and Health, or a school superintendent due to a risk of infection with COVID-19 that information needs to be reported to us.

NOTICE: this form is intended to comply with Labor Code section 3212.88 reporting requirements only and does not relieve an employer from reporting requirements under any other applicable rules or regulations.

Completed By: _____

Contact Phone: _____ Date Completed: _____

*You must complete a separate reporting form for each employee that has tested positive for COVID-19

Pacific Compensation Insurance Company
Policyholders please submit the completed form to:
COVIDREPORTS@pacificcomp.com.

Alaska National Insurance Company
Policyholders please submit the completed form to:
SFO_claims@alaskanational.com.