



# Retroactive COVID-19 Employer Reporting Form

Retroactive Reporting Period: July 6, 2020 through September 16, 2020 - must be reported on or before October 30, 2020.

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 form must 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. List highest number of employees at each specific location at any time within the period July 6, 2020 through September 16, 2020. Use additional paper if necessary.

Preceding 14 Days: <b>Location</b>		July 6, 2020 - September 16, 2020: <b>Highest Number of Employees</b>
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.