

## Human Resources Memorandum

SUBJECT:	NUMBER: <b>HR 15-022</b>
<b>Employee's Notice for Worker's Compensation Benefits</b>	DATE ISSUED: <b>07/2/15</b>
DISTRIBUTION: <b>All Managers and Supervisors</b>	EXPIRES: <b>N/A</b>

Managers and supervisors are required by law to provide their employees notice about their workers' compensation benefits, Medical Provider Network (MPN) providers, and where to seek medical treatment for workers' compensation injuries. The two items below (**Notice to Employees and Employee's Guide to the State Fund Medical Provider Network**) must be posted in a location that is easily visible to your employee at every worksite.

1) **Notice to Employees, e13913 (rev 1/13)**

The link to this form: <http://content.statefundca.com/pdf/e13913.pdf>. At the bottom left hand corner, the form asks for 'Doctor/Urgent Care and 'Hospital'. Please use the following link to find an urgent care location and hospital near each worksite and fill in the information:

<http://www.statefundca.com/home/StaticIndex?id=http://content.statefundca.com/claims/MPNHome.asp>. At the bottom right hand corner where it asks for a MPN effective date, please fill in January 1, 2006.

2) **Employee's Guide to the State Fund Medical Provider Network, e13176 (rev 10/14)**. The link to this form: <http://content.statefundca.com/pdf/e13176.pdf>. This brochure must also be provided to the employee when you have knowledge of a work related injury or illness.

As a reminder, two forms (3301 & 3067) must be completed when a work related injury or illness occurs. They must be completed and submitted to State Fund no later than **5 days** from the "**date of knowledge**" of a work injury or illness.

1) **'Workers' Compensation Claim Form (DWC1) & Notice of Potential Eligibility e3301 (rev 1/12)**. The link to this form: <http://content.statefundca.com/pdf/e3301.pdf>.

The injured employee completes the top portion first. The supervisor or manager then completes the bottom portion *only* at the time the employee provides you the form. The "**date of knowledge**" is the day the employee provides you the completed 3301 or when they asked to seek medical care. This date may be different than the date of the Injury.

- 2) Once the Claim Form (3301) is returned by the employee, the supervisor or manager will need to complete the '**Employer's Report of Occupational Injury or Illness, e3067**' (rev 8/10). The link to this form: <http://content.statefundca.com/pdf/e3067S.pdf>. This form is completed by the supervisor and manager **ONLY** and the employee does not receive a copy of this form.

'Your Guide to Reporting an Injury – Claims Kit' can be found at the following link:  
<http://content.statefundca.com/pdf/e13675.pdf>

**Ca/OSHA SAFETY AND HEALTH PROTECTION ON THE JOB**  
[http://www.dir.ca.gov/dosh/dosh\\_publications/shpstrenq012000.pdf](http://www.dir.ca.gov/dosh/dosh_publications/shpstrenq012000.pdf)

Please direct any questions to Ed Sullivan, Manager - Office of Risk Management at (916) 653-3612.