

INSTRUCTIONS FOR COMPLETING THE FORM DWC-1 EMPLOYEE CLAIM FOR WORKERS COMPENSATION BENEFITS FORM AND OTHER CLAIM PAPERWORK

The supervisor or City representative to whom the injury was reported shall complete items 9, 10, 11, 12, 16, 17 & 18 on the DWC Form 1 (Workers' Compensation Claim Form) and write the employee's name on the very top left hand corner of the form. The supervisor should keep the temporary receipt (green copy) and give the rest of the forms to the employee.

***Only the injured employee*** is to complete items 1-8 of the form and return the form to the supervisor. Upon returning the form to the supervisor, the supervisor shall complete #13 and give the employee their copy (yellow copy) as well as the top page instructions that include notice of potential eligibility explanation.

The supervisor shall then forward the original employer copy (white copy) along with the claims administrators copy (pink copy) to the Risk Management Division along with the completed Supervisors Report of Employee Injury Form (the Supervisor should complete this form) as well as the State of California's Employers First Report of Occupational Injury or Illness Form (Form 5020-This form cannot be completed by the injured worker, it must be completed by an employer representative). Copies of all three forms should be made and kept by the employee's department.

Employees needing medical treatment should be sent to their predesignated personal physician, ***if they have a predesignated personal physician on file in the Human Resources Department prior to the injury occurring***, or if they do not have a predesignated physician they should be sent to:

Emergency:       Doctors Medical Center San Pablo  
                          2000 Vale Rd.  
                          San Pablo, CA 94806  
                          (510) 970-5000

Non-Emergency: Concentra Medical Clinic  
                          2970 Hilltop Mall Rd. #203  
                          Richmond, CA 94806  
                          (510) 222-8000

Kaiser Permanente Occupational Medicine Department  
901 Nevin Ave.  
Richmond, CA 94804  
(510) 307-1560

**OR**

Any California location Kaiser Permanente Occupational Medicine Clinic. You do not need to be a Kaiser Permanente Member.

**IF YOU HAVE ANY QUESTIONS PLEASE CALL PATRICIA HOLMAN IN RISK MANAGEMENT AT (510) 620-6974.**