WCF INSURANCE

COVID-19 Positive Test Report

If you become aware of any employee who tests positive for COVID-19 on or after July 6, 2020, you must report it to your WCF National Insurance Company claims administrator by completing and submitting this form. DO NOT DELAY IN REPORTING.

- Positive employee COVID-19 test results between July 6, 2020 and September 16, 2020 must be reported to your claims administrator by October 29, 2020.
- Positive employee COVID-19 test results on or after September 17, 2020 through January 1, 2023 must be reported to your claims administrator within three business days of when you knew or reasonably should have known about the positive test result.

Download and complete one COVID-19 Positive Test Report form for each positive employee COVID-19 test.
PLEASE EMAIL ALL COMPLETED REPORTS to covidreport@wcf.com.

POLICY INFORMATION

Policy name:	Policy #:
Number of employees:	Primary contact:
Contact phone:	Contact email:
Fax:	Today's date:

COVID-19 TEST RESULT INFORMATION

Employee ID number: This is your internal ID number. Do not include any personal identifiable information (such as name, SSN, DOB, etc.) in this report.	
Date positive COVID-19 test conducted: This is the sample collection date. The test must be a polymerase chain reaction (PCR) or other viral testing approved by the FDA. Serologic (antibody) testing is not a viable test under SB1159.	
Date employer notified of positive COVID-19 test result:	
Date employee last worked before positive COVID-19 test result:	
Is the employee claiming the exposure of COVID-19 occurred at work? If yes, please continue to complete and submit this COVID-19 Positive Test Report form AND report a claim to WCF Insurance at wcf.com by clicking on the "File a Claim" icon	YES NO

Location Information

If the employee works at multiple locations, please complete the following for each location. Provide the address of specific place(s) of employment during the 14-day period immediately preceding the positive COVID-19 test.

	Address	City	State	Zip Code	Has this location ever been ordered to close due to a risk of infection with COVID-19? (Yes/No)	If yes, please explain	Last date employee worked at this location	Highest number of employees who worked at the specific location during the 45 days immediately preceding a positive test that occurred between 9/17/20 and 1/1/23. Or for a positive test that occurred between 7/6/20 and 9/17/20, the highest number of employees who worked at the location on any given day during that period.
Location #1								
Location #2								
Location #3								
Location #4								
Location #5								
Location #6								
Location #7								
Location #8								
Location #9								
Location #10								

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