



California SB 1159 COVID-19 Exposure Reporting

Overview

Senate Bill (SB1159) is a new law signed by Governor Gavin Newsom on September 17, 2020. For dates of exposure on or after July 6, 2020, the law contains specific reporting requirements which are outlined below and in the attached COVID-19 Exposure Reporting Form.

COVID-19 exposures you are required to report:

- On or after 7/6/2020 through 1/1/2023, **ALL** positive COVID-19 test results for employees, regardless of job classification or claimed work exposure, should be reported by completing the attached COVID-19 Exposure Reporting Form and emailing to COVIDEXPOSURE@travelers.com.
- If the employee is claiming exposure at work, a new claim should also be reported to Travelers via [Report A Claim](#) or by calling 1.800.238.6225. The attached COVID-19 Exposure Reporting Form should still be completed and submitted.

When must you report:

Based on the date ranges below, there are different reporting timeframes to Travelers:

Positive COVID-19 test results between 7/6/2020 and 9/17/2020:
Must be reported by 10/29/2020

Positive COVID-19 test results between 9/17/2020 and 1/1/2023:
Must be reported within three business days of your knowledge of the results

What information are you required to report:

- The date the employee tested positive, which is the date the COVID-19 test was conducted.
- For the 14-day period preceding the date of the employees' positive test result, you must provide:
 - The address or addresses of the employee's specific place(s) of employment;
 - The date the employee last worked at each of the employee's specific place(s) of employment.

Positive COVID-19 test results between 7/6/2020 and 09/17/2020:
The highest number of employees who reported to each specific place of employment on any given day between 7/6/2020 and 9/17/2020.

Positive COVID-19 test results between 9/17/2020 and 1/1/2023:
The highest number of employees who reported to work at each specific place of employment in the 45-day period preceding the last day the employee worked at each location.

- The employee's name and personal information should not be reported on the attached COVID-19 Exposure Reporting Form. This information should be provided when reporting a new Workers Compensation claim to Travelers via [Report A Claim](#) or by calling 1.800.238.6225.

An employer or other person acting on behalf of an employer who intentionally submits false or misleading information or fails to submit information when reporting is subject to a civil penalty in the amount of up to \$10,000 to be assessed by the Labor Commissioner.



California SB 1159 COVID-19 Exposure Reporting Form

Effective: 07/06/2020 – 01/01/2023

For dates of loss prior to 07/06/2020, or to report a Workers' Compensation claim to Travelers via [Report A Claim](#) or call 1.800.238.6225

DO NOT DELAY IN REPORTING: If you have an employee who has tested positive for COVID-19 you are required to report the following information within 3 business days of knowledge.

PLEASE EMAIL YOUR COMPLETED FORM TO COVIDEXPOSURE@travelers.com OR CALL 1.800.238.6225.

ACCOUNT INFORMATION		
PREPARER'S NAME AND TITLE	PREPARER'S PHONE NUMBER	EMPLOYER'S DATE OF KNOWLEDGE
PARENT COMPANY / INSURED'S NAME	SUBSIDIARY (COMPANY) NAME	POLICY SYMBOL AND NUMBER

INCIDENT INFORMATION	
(The employee's name or other personal information should <u>not</u> be provided on this form.)	
LAST DAY WORKED	DATE POSITIVE COVID-19 TEST CONDUCTED
IS THE EMPLOYEE CLAIMING EXPOSURE AT WORK? NO - Complete only this COVID-19 Exposure Reporting Form YES - If yes, please continue to complete this COVID-19 exposure reporting form AND report claim a claim to Travelers via Report A Claim or by calling 1.800.238.6225.	

INSURED CONTACT INFORMATION	
CONTACT NAME	PHONE NUMBER
EMAIL ADDRESS	BEST TIME TO CONTACT AND PREFERRED CONTACT METHOD, IF NEEDED.

Please continue to complete the additional location information on the next page.



California SB1159 COVID-19 Exposure Reporting Form

LOCATION INFORMATION

(Provide the address and additional associated information for each of specific place(s) of employment during the 14-day period preceding the positive test.
If the employee works at multiple locations, please complete a line entry for for each location.)

	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 in the specific location (see directions provided above)
Location #1								
Location #2								
Location #3								
Location #4								
Location #5								
Location #6								
Location #7								
Location #8								
Location #9								
Location #10								