

Instructions: California Forms/Notices

Please refer to the information below for assistance in completing any of the MPN forms or notices. Instructions for the general workers compensation notices are also included. If further assistance is needed, you may contact a MPN Team Representative at 800-287-9682.

CA MPN FORMS/NOTICES

MPN NOTIFICATION

This notice is to be used by all employers who are participating in the Travelers MPN. This notice must be provided to an employee at the time he/she reports an injury. The notice must be given in English, and also in Spanish to Spanish-speaking employees. This should accompany the State DWC-1 Employee Claim Form.

There is no MPN-specific posting requirement.

GENERAL WORKERS COMPENSATION FORMS/NOTICES

YOUR WORKERS' COMPENSATION BENEFITS

This notice is not specific to the MPN, but now includes MPN information. It can be obtained on www.travelers.com/CAMPN. This notice, which includes information regarding the pre-designation of a personal physician, must be given to all new employees at the time of hire.

STATE POSTING NOTICE: DWC-7 Notice to Employees – Injuries Caused by Work

This notice is not specific to the MPN, but includes MPN information. The notice must be obtained directly from the State's website (www.dir.ca.gov) or through the link on www.travelers.com/CAMPN. This notice must be **POSTED** in a conspicuous location frequented by employees during the hours of the workday.

Please use the below information to complete the MPN section in the notice:

- **MPN website:** www.mywcinfo.com
- **MPN effective date:** 11/14/2016, or the effective date of the employer's Travelers policy (or CSS contract) if initial inception date is after 11/14/2016.
- **MPN Identification Number:** 2493
- **If you need help locating an MPN physician, call your MPN access assistant at:** (800) 287-9682
- **If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at:** (800) 287-9682
- **Claims Administrator:** Travelers (for Travelers policyholders) or Constitution State Services (for carrier-fronted or self-insured employers)
- **Phone:** the number for the employer's designated (or nearest) Travelers service center: Diamond Bar (800-287-3710); Walnut Creek (800-842-7354); Rancho Cordova (800-727-3995); and St. Paul, MN (800-328-2189). If you are unsure of which service center to list, please contact your Travelers underwriter or Claim contact.
- **Workers Compensation Insurer:** Travelers (for Travelers policyholders) or other insurer (for carrier-fronted employers) or self-insured.
- **Nearest Information & Assistance Officer:** Check the State's website for the I&A Office nearest to your worksite(s) - <http://www.dir.ca.gov/dwc/dir2.htm>

STATE FORM DWC-1 Employee Claim Form & Notice of Potential Eligibility

This notice is not specific to the MPN, but now includes MPN information. This notice must be given to an injured worker at the time he/she reports a work related injury. The form can be obtained directly from the State's website (www.dir.ca.gov) or through the link on www.travelers.com/CAMPN.