

California SB 1159 and AB 1751 COVID-19 Reporting Requirements



California's governor signed SB 1159 into law on September 17, 2020. The law requires employers to report key information about any of its employees testing positive for COVID-19. The law adds the 2019 novel coronavirus as a compensable workers' compensation injury under specific circumstances until January 1, 2023. **California AB 1751 extends the above until January 1, 2024.**

WHO'S REQUIRED TO REPORT: An employer with five or more employees who knows or reasonably knows that an employee has tested positive for COVID-19 must report certain information to its claims administrator.

WHAT YOU MUST REPORT

When an employer learns an employee has tested positive for COVID-19 **between September 17, 2020 and January 1, 2024**, the employer must report in writing to its claims administrator either by email or fax within 3 business days of all of the following:

- Notification that an employee has tested positive. Do not include any personal identifiable information.
- The date of the positive test.
- The specific address(es) of where the employee worked during the 14-day period prior to the positive test result.
- The highest number of employees reporting for work at the same address(es) as the employee in the 45-day period preceding the last day the employee was at the location(s).

If an employer learns an employee had tested positive for COVID-19 between July 6, 2020 and September 17, 2020, the employer must report in writing to its claims administrator either by email or fax upon notification.

Please use the attached reporting form M566 (12/22).

Labor Code Section 3212.88(j) states that the intentional submission of false or misleading information or the failure to report the above information as required may subject you to a civil penalty in the amount of up to \$10,000 to be assessed by the Labor Commissioner.

California SB 1159 and AB 1751 COVID-19 Reporting Form



INSTRUCTIONS

1. Complete a separate form for each employee with a positive test result.
2. Do not include the employee's personal information on this form.
3. Submit [Reporting Form](#) to Brotherhood Mutual via email: cawccovidnotices@brotherhoodmutual.com.
4. If the employee asserts the exposure is work-related, complete the workers' compensation insurance claims process in addition to this form. You can download the [Employer's Report of Occupational Injury or Illness](#) form from the California Division of Workers' Compensation (DWC) website.

EXPOSURE INFORMATION

Date the positive COVID-19 test was administered _____

List the following:

- All specific addresses where the employee worked 14 days prior to the positive test result. Work done in the employee's home does not apply.
- The last date the employee worked at that specific address.
- The highest number of employees reporting for work at that location in the 45-day period preceding the employee's last day.

	Address where employee worked	Last date worked	Highest # of employees
Location #1			
Location #2			
Location #3			

POLICYHOLDER INFORMATION

Name of Policyholder		Policy number	
Contact Name and Title	Phone number		Date

M566 (12/22)