

# Reporting a Claim to LWP

## For serious injuries:

- ✓ Immediately: Dial 911 and secure medical treatment for the injured worker
- ✓ Contact LWP Claims Solutions immediately when a serious injury (i.e. Injuries resulting in hospitalization of more than 24 hours) or death occurs.



Phone (916) 609-3600 or  
(800) 565-5694

- ✓ You are also required to report these injuries to the California Division of Occupational Safety and Health (OSHA) nearest you.

## For all claims (including “first aid”):

- ✓ Complete the **Employer’s Report of Occupational Injury or Illness (Form 5020)**. Do not wait for a doctor’s report. Submit the Employer’s Report immediately by email or fax. (See below for detailed instructions.)

Email form to: [froi@lwpclaims.com](mailto:froi@lwpclaims.com)  
Fax 5020 to: (408) 725-0395

We strongly discourage mailing 1<sup>st</sup> report forms due to the inherent delay.  
Mailing address for all other forms is:

LWP Claims Solutions  
P.O. Box 349016  
Sacramento, CA. 95834-9016

- ✓ Provide the injured worker with the **Employee’s Claim for Workers’ Compensation Benefits (form DWC-1)** within one working day of your knowledge of the injury. (See below for detailed instructions.)
  - Employee should complete the form immediately.
  - You must sign and date the completed form and promptly send the original to LWP.
  - Provide a copy to the injured worker and keep a copy for your records.

## Reporting a Claim to LWP

- ✓ Gather information and preserve evidence.

The most effective investigations are conducted immediately after an incident occurs. Witnesses are still available, facts are fresh on witnesses' minds, and evidence is still at the scene. It is very important to take the necessary steps to gather information and to preserve any evidence (i.e. a broken chair or machine part). It is particularly important to gather witness information any time an injury involves a motor vehicle, a machine, or occurs at a location other than the normal workplace. In those cases, it may be possible for LWP to recover our payments from another party, thus reducing your loss experience.

# Employer's Report of Injury

Utilizing the Form 5020 on the LWP website:

This form is "fillable." That means you can type the information onto the form from your computer and print the form. You will not be able to save the form onto your computer's hard drive.

When you open the form, click in the "Firm Name" box (field), complete the information, and use the Tab key to move to the next field. Do not use the Enter key; pressing the Enter key will only page down. Each field has been limited. This means that you cannot continue to type information into a field if it doesn't fit into the space provided.

To fill in a check box, click inside the box with your mouse. Some check boxes require you to select only one answer; you cannot check both.

(Note: Contact LWP at [LWPwebaccess@lwclaims.com](mailto:LWPwebaccess@lwclaims.com) for access to our on-line reporting tool. This tool will allow you to save reports, and will have the 5020 form pre-populated with your contact information and division and department coding.)

## DWC Form 1

Utilizing the Form DWC 1 on the LWP website:

All pages attached to the form should be provided to the injured worker. Although this form is “fillable”, you will likely want to print the form to give to the injured worker.

Should the injured worker elect to fill the form out online, he/she can type the information onto the form from a computer and print the form. It is not possible to save the form onto a computer’s hard drive.

When you open the form, click in the “Name” field, complete the information, and use the Tab key to move to the next field. Do not use the Enter key; pressing the Enter key will only page down. Certain fields have been limited. This means that you cannot continue to type information into a field if it doesn’t fit into the space provided.

LWP CLAIMS SOLUTIONS  
P.O BOX 349016  
SACRAMENTO, CA 95854

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Fax: (408) 715-0395