

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY/ILLNESS—FORM 5020

The completion of this form is required also. It must be completed and sent to the UCOP Benefits Office within one day of knowledge of the injury/illness. This will facilitate prompt processing of claims and help avoid penalties for late payment of benefits.

This form should be completed after you have provided the employee with the Incident Report form.

Section 1 - Employer

This information is pre-printed.

Section 2 - Employee

The personal information regarding the employee gets placed in this section. All of the pertinent information that you need in order to complete this section can be obtained from the EDB preparer/reviewer.

Section 3 - Injury or Illness

It is important that all spaces are answered. If an answer is not warranted, please place a N/A in the space.

It is important that the supervisor and/or EDB preparer/reviewer complete this form. **Please do not provide this form to the employee to complete.**

The Employer's Report of Occupational Injury form should be either typed or legibly printed as the information will be taken and entered in the automated reporting system or VOS (Valley Oaks System) by a benefits representative.

DEPARTMENT/SUPERVISOR RESPONSIBILITIES:

- report all injuries
- complete the "Injury or Illness" section of the Employer's Report of Occupational Injury or Illness
- sign the bottom of the Employer's Report
- investigate the injury and correct or report any unsafe conditions
- maintain contact with the injured employee regarding his/her obligations to keep the department/supervisor informed; e.g. provide medical verification of leave, request for extension of a leave, medical releases before returning to work
- cooperate with Octagon Risk Services during the claims investigation process
- maintain contact with the UCOP Benefits Office Workers' Compensation Representative regarding the status of the claim

Additional forms can be obtained by calling (510) 987-0123. Any questions, please call: For last names beginning with A-L (510) 987-0816; M-Z (510) 987-0819.