

DWC Form 1

The Workers' Compensation Claim Form (DWC1) must be provided to the injured employee within 24 hours of the employer's notification that there has been a work-related injury. The employee's return of this signed form starts the "clock ticking" on all state mandated timelines, including investigation of the claim and provision of benefits. Please complete the employer section of page 4 and provide this to the employee **IMMEDIATELY** upon notice that the employee is claiming a work-related injury. Providing this form is *not* an admission of liability. A thorough claims investigation will be done determine if the injury meets the industrial causation thresholds and if benefits are owed to the employee.

How to Complete:

- ✓ Open Form
- ✓ Click in the 'Name' field and complete
- ✓ TAB to the next field (do not use 'enter'). Some fields do have limited space for text.

Once Completed:

- ✓ Print the form and/or
- ✓ Save the form using "Export to PDF" or "Print to PDF"

The form contains:

- ✓ Pages 1-3 – State Required Notifications to Injured Workers
- ✓ Page 4 - two sections
 - o Employee Section- to be completed by the employee
 - o Employer Section – to be completed by the employer

Once you receive the completed form, please send immediately to LWP by email to Froi@lwpcclaims.com OR by faxing it to (916) 720-0533.