

Employer's Report of Occupational Injury or Illness

If you have already requested credentials to report claims via the reporting tool, please follow the instructions provided at the time you received your credentials.

If an injury occurs and you have not previously requested access to LWP's online reporting tool, please immediately complete the 5020 form and forward to LWP via email or fax.

If you have access to an online version of the 5020 form, it is "fillable", meaning that you can type the information onto the form from your computer and print the form.

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.

Once completed, you can print the form, and/or save the form by using either the "Export to PDF" or "Print to PDF" function on your computer.

Please send the form immediately to LWP by:

- Emailing to FROI@lwclaims.com
- Or
- Faxing to (916) 720-0533

(Note: Contact LWP at LWPwebaccess@lwclaims.com for access to our on-line reporting tool. This tool will allow you to report claims directly into LWP's claims system.)