

Important Insured Instructions

California Workers' Compensation Claims Kits

Documents to be posted in a common area visible to all employees:

- Medical Provider Network (MPN) Employee Notification
- Medical Provider Network (MPN) Employee Notification—Spanish version
- Whistleblowers Are Protected
- DWC-7: Notice to Employees – Injuries Caused by Work
- DWC-7: Notice to Employees – Injuries Caused by Work – Spanish version

Please Note: Immediate Action Required on DWC-7 Posting Notice

You as the employer must fill in the space provided on this form:

- MPN Effective Date: Enter the date you began using the Hanover MPN
- Nearest Information & Assistance Officer: Insert the nearest location. Locations can be found at www.dir.ca.gov/dwc/ianda.html

Documents to be completed by employer at the time of injury and sent to Hanover:

- Employer's Report of Occupational Injury or Illness (Form 5020)

Documents to be distributed to employees at the time of hire:

- Time of Hire Pamphlet
- Time of Hire Pamphlet—Spanish version
- Division of Workers' Compensation Fact Sheet
- Division of Workers' Compensation Fact Sheet—Spanish version

Documents to be distributed to employees at the time of injury, or at the time an employee claims a work related illness or disability:

- Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility
- Information & Assistance Unit Guide 1 "How to file a workers' compensation claim form"
- Medical Provider Network (MPN) Employee Notification
- Medical Provider Network (MPN) Employee Notification—Spanish version