COVID-19 Positive Case Reporting Form for "Outbreak" Tracking

Do not provide personally identifiable information of the positive tested employee, unless the employee is claiming the infection is work-related or has filed a DWC-1 (employee's claim form). If you fail to submit or submit false or misleading information, you may be fined up to $10,000 by the California Department of Labor.

Upon completion, you must submit by email to COVID19@AFGroup.com or send by facsimile to 844-618-3636.

1. **Policyholder name:** _____

2. **Policy number:** _____

3. **Employee number:** _____

4. Report the name of the employee below if they have indicated their infection is work related or if they have filed a claim form. ***If the employee is not filing a claim, leave this field blank. If the employee is filing a claim, please be sure to report the claim through your normal claim-reporting channel (portal, fax, email, phone call) as well.*** _____

5. Date employee tested positive for COVID-19 (this is the date specimen is collected for testing): _____

6. Specific address or addresses of employee's place(s) of employment during the 14-day period preceding the date of positive test.
   Location 1: _____
   Location 2: _____
   Location 3: _____

7. Indicate the highest number of employees who reported to work at each specific place of employment in the 45-day period preceding the last day the employee worked at each specific location. For those reporting cases from July 6 – Sept. 17, 2020, please report the highest number of employees at any point during that time period.
   Location 1: _____
   Location 2: _____
   Location 3: _____

If you have more than three locations where your employee spends a portion of their work time, please add location information as needed along with employee count as described in question #7.

Completed by _____   Title: _____

Contact info: _____

Date completed: _____

AF Group (Lansing, Mich.) and its subsidiaries are a premier provider of innovative insurance solutions. Insurance policies may be issued by any of the following companies within AF Group:

Accident Fund Insurance Company of America, Accident Fund National Insurance Company, Accident Fund General Insurance Company, United Wisconsin Insurance Company, Third Coast Insurance Company or CompWest Insurance Company.