

# DWC COVID-19 Data Call

\*All data fields are required, unless otherwise specified.

Section 1: Data Call Contact Information and Certification	
Name of data call contact:	(insert name)
Data call contact email address:	(insert email address)
Data call contact phone number:	(insert phone number)
As the data call contact for this insurance carrier, I certify that all of the required information has been submitted to DWC, and the information is complete and accurate (mark box with X).	<input type="checkbox"/>
Optional. Describe any data reporting issues that DWC should know about.	(insert description)

Section 2: Insurance Carrier Information	
Insurance Carrier Group Name (if reporting for a group):	(insert name)
Name of Insurance Carrier (if reporting for a group, list all member companies separately)	Insurance Carrier FEIN
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<b>Section 3: Data Submission Timeframe (mark one)</b>	<b>(Mark One)</b>
COVID-19 exposures (reported as work-related) and injuries (positive test or diagnosis) reported to the insurance carrier from December 1, 2019, through June 30, 2020, <b>and</b> payments made on COVID-19 claims as of <b>June 30, 2020</b> .	<input type="checkbox"/>
COVID-19 exposures and injuries reported to the insurance carrier from December 1, 2019, through September 30, 2020, <b>and</b> payments made on COVID-19 claims as of <b>September 30, 2020</b> .	<input type="checkbox"/>
COVID-19 exposures and injuries reported to the insurance carrier from December 1, 2019, through December 31, 2020, <b>and</b> payments made on COVID-19 claims as of <b>December 31, 2020</b> .	<input type="checkbox"/>

<b>Section 4: COVID-19 Information (if reporting as a group, combine responses)</b>	
<b>Number of Claimants with COVID-19 Exposures Reported as Work-Related</b>	<b>(insert total number since December 1, 2019)</b>
<b>Number of Claimants with Confirmed COVID-19 Positive Test or Diagnosis</b>	<b>(insert total number since December 1, 2019)</b>
<b>Total Amount Paid in Medical Benefits for COVID-19 Claims</b>	<b>(insert total amount paid since December 1, 2019)</b>
<b>Total Amount Paid in Income Benefits (TIBs, IIBs, SIBs, or LIBs) for COVID-19 Claims</b>	<b>(insert total amount paid since December 1, 2019)</b>

<b>Total Amount Paid in Death Benefits for COVID-19 Claims</b>	<b>(insert total amount paid since December 1, 2019)</b>
<b>Total Amount Paid in Burial Benefits for COVID-19 Claims</b>	<b>(insert total amount paid since December 1, 2019)</b>

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