

# Important Insured Instructions

## *California Workers Compensation Claims Kits*

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

**DWC-7:** Notice to Employees—Injuries Caused By Work

#### **Please Note: Immediate Action Required**

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

- Policy expiration date
- Insurance Carrier name from your Workers Compensation policy

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**221-8679:** Medical Provider Network (MPN) Employee Notification

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**221-8678:** Medical Provider Network (MPN) Employee Notification—Spanish version

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

**221-8674:** Employer's Report of Occupational Injury or Illness (Form 5020)

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

**221-8671** Time of Hire Pamphlet

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**221-8672:** Time of Hire Pamphlet—Spanish version

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**221-8666:** Division of Workers' Compensation Fact Sheet

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**221-8673:** 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:

**WCIA:** Information & Assistance Unit Guide 1 "How to file a workers' compensation claim form"

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**221-8679:** Medical Provider Network (MPN) Employee Notification

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**221-8678:** Medical Provider Network (MPN) Employee Notification—Spanish version