

## **EMPLOYER SUPPLY REQUEST - CALIFORNIA**

Employer:	
Policy No:	Phone No:
Address:	
City, State, Zip:	
Attention:	
eMail:	

QUANTITY	FORM NO.	DESCRIPTION
<b>CLAIM FORMS ("IF A WORK INJURY OCCURS...")</b>		
	Form 5020	Employer's Report of Occupational Injury or Illness
	Form DWC-1	Employee's Claim for Workers' Compensation Benefits
	<a href="#">Information Packet for Injured Worker (English)</a>	Includes DWC Workers' Comp Employee Factsheet; Medical Provider Network Notification of Rights; Temporary Prescription ID Form; and Authorization for Medical Treatment
	<a href="#">Information Packet for Injured Worker (Spanish)</a>	
	Self-Addressed Envelopes	Attn: Claims Department
<b>INFORMATION FOR YOUR EMPLOYEES</b>		
	RI-31	Facts about Workers' Compensation Pamphlet (English)
	RI-31S	Facts about Workers' Compensation Pamphlet (Spanish)
	170-232	Fraud Payroll Stuffers (English / Spanish)
<b>WORKERS' COMPENSATION POSTING NOTICES</b>		
	<a href="#">Posting Notices Kit with Instructions (English / Spanish)</a>	Includes DWC-7 Injuries Caused By Work; SB559 When Medical Care is Needed; and Form 1002 Fraud Penalties Posting Notice
<b>ADDITIONAL SUPPLIES</b>		



Need a California Workers' Compensation Claim Form, New Hire Pamphlet, or Posting Notice? Visit our Republic Indemnity website at [RepublicIndemnity.com](http://RepublicIndemnity.com).

You'll find a variety of "fillable" PDF forms available on our website under "Claims Forms & Posting Notices," which you can complete on-line and save to your PC desktop or "My Documents" folder.

*No Login • No Password • No Problem*

Please direct your supply request to:

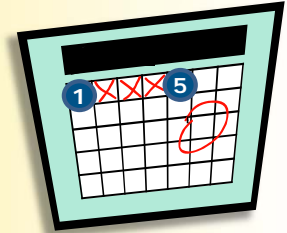
Republic Indemnity  
 Mail / Supply Department  
 P.O. Box 4275, Woodland Hills, CA 91365-4275  
 Fax: (818) 382-1133  
 eMail: [riclaims@ri-net.com](mailto:riclaims@ri-net.com)

- Should you wish to order additional pamphlets or other workers' compensation supplies, please submit your completed supply request form or contact our Mail / Supply Department via eMail ([riclaims@ri-net.com](mailto:riclaims@ri-net.com)) or fax (818.382.1133).
- You also may download claim forms on-line at our website ([www.republicindemnity.com](http://www.republicindemnity.com)).
- For your convenience, we've highlighted California state-mandated forms: 
- We've also highlighted additional forms recommended for your injured workers: 

**CLAIM FORMS ("IF A WORK INJURY OCCURS...")**

It is our goal that your employees receive quality medical treatment and return to work in the shortest possible time. In order to achieve this goal, it is imperative that any injury be reported immediately.

- With the exception of "first aid" claims, you are required to provide injured workers with the **Employee DWC-1 Claim Form** *within 24-hours* of your knowledge of an alleged injury.
- For your convenience, we've highlighted the English and Spanish versions of the **DWC Workers' Compensation Employee Factsheet**, **MPN Notification of Rights**, and other information to be provided to an injured worker *at the time of referral for initial medical care*.
- You are also required to file an **Employer 5020 Claim Form** *within five days* of every industrial injury or occupational illness, which results in lost time or for which medical treatment costs are incurred.



As a reminder, you may report new claims on-line at our policyholder website ([www.republicindemnity.com](http://www.republicindemnity.com)); Also via eMail ([riclaims@ri-net.com](mailto:riclaims@ri-net.com)); Phone (888.336.7569 — 24-hours a day); Fax (818.789.7286); or U.S. Mail (P.O. Box 4275, Woodland Hills, CA 91365-4275).



C  
L  
A  
I  
M  
F  
O  
R  
M  
S

<b>Employer 5020 Claim Form</b> (Form 5020; Rev. 6/2002 & 170-147; Rev. 4/2022)		Please submit this claim via eMail ( <a href="mailto:riclaims@ri-net.com">riclaims@ri-net.com</a> ) or fax (818.789.7286) <i>within five days</i> of every industrial injury.
<b>Employee DWC-1 Claim Form</b> (Form DWC-1; Rev. 1/1/2016)		You are required to provide an injured worker with the DWC-1 Claim Form <i>within 24-hours</i> of your knowledge of an alleged injury beyond 1st aid.
<b>INFORMATION PACKET FOR INJURED WORKER (ENGLISH OR SPANISH LANGUAGE)</b>		
<b>DWC Workers' Compensation Employee Factsheet</b> (English & Spanish) (Rev. 7/2010 & 5/2010)		DWC summary of workers' compensation benefits is available in English and Spanish versions for an injured worker.
<b>Medical Provider Network Notification of Rights</b> (English & Spanish) (170-090 & 170-094; Rev. 1/2024)		MPN Notification of Rights must be provided to an injured worker <i>at the time of referral for initial medical care</i> .
<b>Temporary Prescription ID Form</b> (Rev. 8/2015)		For a Pharmacy, visit <a href="http://www.express-scripts.com">www.express-scripts.com</a> or call 877.266.1539.
<b>Authorization for Medical Treatment</b> (170-367; Rev. 7/2024)		For a Doctor/Clinic closest to your business, visit the MPN website at <a href="http://www.republicmpn.com">www.republicmpn.com</a> or call 888.545.3795.
<b>Republic Indemnity Self-Addressed Envelopes</b> (Attn: Claims Department)		Our Claims Mailing Address: P.O. Box 4275, Woodland Hills, CA 91365-4275.

**INFORMATION FOR YOUR EMPLOYEES**

E  
E  
I  
N  
F  
O

The following state-mandated Workers' Compensation Pamphlet must be provided *to new employees at the time of hire*.




<b>Facts about Workers' Compensation Pamphlet</b> (English & Spanish) (RI-31 & RI-31S; Rev. 9/2015)		Facts about Workers' Compensation Pamphlet must be provided to new employees <i>at the time of hire</i> .
<b>Fraud Payroll Stuffers</b> (170-232; Rev. 12/2003)		We encourage you to insert notices in paycheck envelopes to help heighten awareness that workers' comp fraud is a felony that hurts everyone.

**WORKERS' COMPENSATION POSTING NOTICES**

P  
O  
S  
T  
E  
R  
S

Both English and Spanish versions of the following state-mandated notices *must be posted in a conspicuous location frequented by employees during the workday*.

**POSTING NOTICES KIT WITH INSTRUCTIONS (ENGLISH AND SPANISH LANGUAGE)**

<b>DWC-7 "Injuries Caused By Work" Posting Notice</b> (English & Spanish) (DWC-7; Rev. 10/2024)		Please input your Policy Effective Date, select the local I & A Office closest to your business, and <i>display in a conspicuous location</i> .
<b>SB559 When Medical Care is Needed</b> (English & Spanish) (170-102E/S; Rev. 4/2022)		If you have not designated a Doctor/Clinic closest to your business, visit the MPN website at <a href="http://www.republicmpn.com">www.republicmpn.com</a> or call 888.545.3795.
<b>Form 1002 Fraud Penalties Posting Notice</b> (English & Spanish) (Form #1002; Rev. 3/2020)		State-Mandated Fraud Penalties Posting Notice in English and Spanish.

Thank you for selecting Republic Indemnity Company as your workers' compensation insurance carrier.

Should you wish to submit a completed claim form, medical report, or other information, our claims fax number is 818.789.7286 or eMail us at [riclaims@ri-net.com](mailto:riclaims@ri-net.com).

Our Claims Mailing Address: P.O. Box 4275, Woodland Hills, CA 91365-4275. Toll Free Phone: 800.821.4520, option 1.