

# COVID-19 POSITIVE DIAGNOSIS REPORT



## WHEN

To be used for reporting a COVID-19 **positive test result** when the employee has **NOT** reported a claim.

## HOW

Email the below form to [Newloss@agcs.allianz.com](mailto:Newloss@agcs.allianz.com)

## WHY

This data will be used for tracking positive COVID-19 cases at your location(s) per SB 1159, and will not be set up as a claim.

**Unique ID# for employee** (Do not use Name, DOB, or SSN)

**Date of Positive Test :**

**Location(s) where employee has worked in the 14 days prior to the positive test (include address for each location):**

Continue on additional page(s) if needed

**Highest number of employees reporting to work during 45 days preceding the employee's last day of work at each specific location:**

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\*To report a **claim** for injury or occupational disease, including a **claim** for COVID-19, please complete the attached CA FROI Form 5020 and submit to [NewLoss@agcs.allianz.com](mailto:NewLoss@agcs.allianz.com)

