

# PROCEDURES FOR COMPLETING GSRMA CLAIM FORMS

## AUTO LOSS

Form: [Auto Loss Notice](#)

Use When: An employee of your District is involved in a motor vehicle accident involving a District-owned vehicle.

Form Completed By: Person responsible for district vehicles.

Send Form To: Appropriate District personnel and to:  
*Golden State Risk Management Authority*  
*P.O. Box 706, Willows, CA 95988*  
*Email: [propertyclaims@gsrma.org](mailto:propertyclaims@gsrma.org) Fax: 530-934-8133*

## PROPERTY LOSS

Form: [Property Loss Notice](#)

Use When: Whenever any District property is lost, stolen, damaged, etc.

Form Completed By: Person responsible for district property.

Send Form To: Appropriate District personnel and to:  
*Golden State Risk Management Authority*  
*P.O. Box 706, Willows, CA 95988*  
*Email: [propertyclaims@gsrma.org](mailto:propertyclaims@gsrma.org) Fax: 530-934-8133*

## THIRD PARTY CLAIM

Form: [Claim for Damages](#)

Use When: A third party wants to file a claim for damages allegedly caused by the District.

Form Completed By: Third party filing claim.

Send Form To: Form is filed with District with a copy sent to:  
*Golden State Risk Management Authority*  
*P.O. Box 706, Willows, CA 95988*  
*Email: [claims@gsrma.org](mailto:claims@gsrma.org) Fax: 530-934-8133*

## **WORKERS' COMPENSATION CLAIM**

Note: GSRMA uses a Nurse Triage Company, Medcor to triage injured or ill employees. Medcor automatically generates the forms listed below. If an employee experiences a work-related injury or illness, please contact Medcor at 1-800-775-5866. Upon receipt of the following forms, the district will need to verify the information is correct.

### **WORKERS COMPENSATION CLAIM FORM\* (DWC 1)**

- Use When: A District employee is injured or alleges injury while in the course of their employment.
- Form Completed By: District representative completes the Employer section of the form and verifies information in the Employee section is correct.
- Send Completed Form To: Appropriate District personnel and to:  
*Golden State Risk Management Authority*  
*P.O. Box 706, Willows, CA 95988*  
*Email: [compdept@gsrma.org](mailto:compdept@gsrma.org) Fax: 530-934-8133*

**\*Employer's Responsibility:** As the employer, your responsibility is to give form to the injured worker or, in the instance of incapacity or death, an immediate family member within 24 hours of knowledge of an injury. It is the injured worker's (family member) responsibility to complete and return the form to the employer.

### **EMPLOYERS REPORT OF OCCUPATIONAL INJURY OR ILLNESS (FORM 5020)**

- Use When: An employee is injured or alleges injury within the course of employment.
- Form Reviewed By: Injured worker's supervisor or person designated by the injured worker's employer. Verify information input by Medcor is correct and complete any blanks. Provide any missing or incorrect information to GSRMA Workers' Compensation staff at: *Email: [compdept@gsrma.org](mailto:compdept@gsrma.org) Fax: 530-934-8133*