

Coverage Research Service Request Form 807

Instructions

Who Can Use the Coverage Research Service

The WCIRB can provide coverage information to an insurance company, employer, injured worker, licensed health care provider, Third Party Entity (TPE) acting on behalf of a member insurer who has a TPE agreement with the WCIRB, or an attorney involved in a pending workers' compensation claim. Before the coverage request will be processed, the requesting party must certify that he/she is entitled to receive the information, that the information will be used solely in connection with the pending workers' compensation claim, and that the information will not be otherwise published, distributed, or released to third parties other than in connection with the administration and/or litigation of the pending workers' compensation claim. Employers or insurers may have access to their own information even if there is no pending workers' compensation claim.

Requirements

Completion of the Coverage Research Service Request Form is required for coverage requests made in connection with a pending workers' compensation claim.

The WCIRB will not process your coverage research service request unless all five sections of the form are completely filled out. The requesting party must provide the WCIRB with necessary information regarding the pending workers' compensation claim for which the information is sought, including the name of the parties, date of injury, claim number (if known), and WCAB number (if assigned). Incomplete information will delay the completion of your request.

Form Completion

- Please print or type
- This form can be completed electronically but requires a signature and must be mailed to the WCIRB
- Please complete all necessary information on page 1 and page 2
- If you need additional information, please call WCIRB Customer Service

To Request Coverage Research

Mail WCIRB Customer Service
525 Market Street, Suite 800
San Francisco, CA 94105-2767

Fees

The fee for coverage research is \$8.00 **per coverage year per employer**. For example, the fee for a research request for one employer for one year is \$8.00. The fee for a research request for one employer for policy years 1998-1999 is \$16.00. The fee for a research request for ABC Corp., XYZ Corp. and OPQ Corp. for the 2001 policy year is \$24.00.

Payment

Payment must be received before your request can be processed.

WCIRB member insurers may elect to be billed.

TPEs, authorized by WCIRB member insurers, may elect to have the WCIRB bill the member insurer. The WCIRB is unable to bill TPEs directly.

For all others, the WCIRB accepts payment by check only. Please include your payment when submitting the Coverage Research Service Request Form.

Shipping

Mail Coverage research requests will be mailed.

Email If you want to receive the information by email, please be sure to check the designated box on the order form.

Questions

Call WCIRB Customer Service toll free
888.CA WCIRB (229.2472) 7:30 a.m.–5:00 p.m. PST.

WCIRBCalifornia®

WCIRB Customer Service

525 Market Street, Suite 800
San Francisco, CA 94105-2767

Voice 888.229.2472

customerservice@wcirbonline.org

www.wcirbonline.org

Coverage Research Service Request

Form 807

Electronic Form

Signature required. This form must be mailed.

Pending Workers' Compensation Claim Information

Injured Worker	Date of Injury
Employer	WCAB Number (if assigned)
Insurer (if known)	Claim Number (if known)

Requesting Party Information

Print Name of Individual Requesting Information	Title/Position
Company OR Injured Worker Represented	Telephone
Address (If Injured Worker, Include Your Own Address)	If an Attorney, Indicate Party Represented
City/State/Zip	Email Address (Required for Email Delivery)

Certification

The requesting individual hereby certifies that he/she is:

- the injured worker in the pending workers' compensation claim; **OR**
 - an employee, partner, manager, officer, director, or owner of, and has the authority to bind;
- a licensed workers' compensation insurance insurer in the pending workers' compensation claim;
- an employer, as defined by Labor Code Section 3300, in the pending workers' compensation claim;
- a licensed health care provider in the pending workers' compensation claim;
- a Third Party Entity (TPE) that is authorized by a member insurer to obtain coverage information;

; OR

TPE Name	Member Insurer Name
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an attorney representing any of the above individuals or entities in the pending workers' compensation claim.

Coverage Information Requested

For additional employers, attach a separate sheet. The WCIRB is unable to supply coverage information prior to 1958.

(1)	(2)
Employer	Employer
Address	Address
City/State/Zip Code	City/State/Zip Code
Coverage Year(s) Requested	Coverage Year(s) Requested

Coverage Research Service Request

Form 807

Electronic Form

Signature required. This form must be mailed.

Restricted Use of Information

I agree that the coverage information provided shall be used solely in connection with the administration and/or litigation of the above-referenced pending workers' compensation claim, and for no other purpose. In addition, I agree that the information provided by the WCIRB is confidential and proprietary and shall not be published, distributed, released or communicated to third parties, other than in relation to the administration and/or litigation of the above-referenced pending workers' compensation claim. I affirm that all information provided on this form is true and correct.

Signature

Date

Delivery

Check this box for email delivery.

Payment (See instructions.)

The WCIRB accepts payment by check only.

Please make your check payable to "WCIRB" and mail to the address on this form.

Fee enclosed (nonrefundable) \$ _____

Bill My Company

(WCIRB member insurers and authorized TPEs only. See instructions.)

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WCIRB Customer Service

525 Market Street, Suite 800
San Francisco, CA 94105-2767

Voice 888.229.2472
Fax 415.778.7272

customerservice@wcirbonline.org
www.wcirbonline.org