Claim Submission Instruction for Employers/Supervising Agencies

**Contacts**

Don Glueckert, Program Lead  
California Governor’s Office of Emergency Services  
3650 Schriever Avenue  
Mather, CA 95655  
donald.glueckert@caloes.ca.gov  
916-845-8382 (desk)  
916-845-8394 (fax)

Brian Curtiss, Claims Adjuster  
State Compensation Insurance Fund  
Specialized Claims Operations  
PO Box 65005  
Fresno, CA 93650-5005  
951-697-6360 (desk)  
707-646-0594 (fax)

Hilda Vargas, Program Manager  
Hilda.vargas@caloes.ca.gov  
916-845-8661 (desk)  
916-845-8394 (fax)

**Claim Submission**

If DSW volunteer is injured as a result of an authorized deployment or pre-approved training, follow steps below:

1. Provide **State Fund 3301**, Workers Compensation Claim Form, to injured DSW volunteer **within one day** of injury knowledge.
   a. DSW volunteer completes 1-9 (top section) and returns to employer.
   b. Employer provides ‘temporary receipt’ copy to DSW volunteer and then completes 10-19 (bottom section).
   c. Employer provides completed, signed and dated copy to DSW volunteer.
   d. Completed form submitted **within 1 working day** after receipt from DSW volunteer.

2. Complete **State Fund 3267**, Employer’s Report, **within 5 calendar days** of injury knowledge.

   🔴 DSW volunteer **DOES NOT** complete this form or receive a copy.

   OR

   Complete **State Fund 3267** over the phone with a Claims Reporting Representative.

   **24 – Hour Claims Reporting Center (888) 222-3211**

   This expedites claim initiation, especially for those without access to the paper form.

3. Submit documents within time lines. **DO NOT** wait until you have all documents before submitting.

4. Keep copies of all documents in file for injured DSW volunteer.

---

<table>
<thead>
<tr>
<th>DOCUMENT</th>
<th>STATE FUND</th>
<th>CALOES</th>
<th>INJURED DSW VOLUNTEER</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Fund Form 3267</td>
<td>Fax Copy</td>
<td>Original</td>
<td></td>
<td><strong>DO NOT PROVIDE COPY!</strong></td>
</tr>
<tr>
<td>State Fund Form 3301</td>
<td>Fax Copy &amp; Mail Original</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DSW Registration &amp; Oath</td>
<td>Fax or Scan Copy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incident Report</td>
<td>Fax Copy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training Pre-Authorization*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training Verification*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Supervising Agency (and Registering Agency) retain copy of entire claim submission. 7.2018