

DSW VOLUNTEER CLAIM SUBMISSION CHECKLIST

1. SCIF 3301, Workers' Compensation Claim Form (DWC) (Rev 6/18)

- Registering agency or supervisor provides the form to injured DSW volunteer (IDV) within one day of injury knowledge.
- 1 - 9 IDV completes and returns form to registering agency or supervisor.
- Registering agency or supervisor provides a 'temporary receipt' copy to IDV as proof of filing.
- 10 - 19 Registering agency or supervisor completes. 15 - 16 Pre-filled.
- Registering agency or supervisor submits form to State Fund within 1 working day after receipt from IDV.

2. SCIF 3267, Employer's Report (Rev 11-13) – Completed ONLY by Registering Government Agency or Supervisor **NOTE: Complete both front and back.**

- 1 Enter registering agency name, e.g., Mono County Sheriff's Office, Butte County OES. 1a Pre-filled.
- 2 - 3 Enter registering agency address and phone number. 4 & 6 Pre-filled. 5 Leave blank.
- 7 - 34 Complete. If unknown regarding wages, days paid, or medical provider info, leave it blank.
- 35 Enter regular job. **DO NOT** enter DSW classification.
- 36- 40 Complete. If unknown, leave blank.
- Print and sign the name and include the title.
- 41- 43 Complete. 41 Enter regular job. **DO NOT** enter DSW classification.
- Submit the completed form to State Fund within 5 calendar days of injury knowledge.

OR

Complete 3267 over phone with a Rep. at 24-Hour Claims Reporting Center (888) 222-3211

3. DSW Registration and Oath

- Classification Registering Agency Name Signature of Authorized Person and Title
- Registration Date Registrant Name Registrant Address Oath Subscription

4. Incident Narrative

- Brief/clear written account of the incident –may include witness statements.

5. Training Pre-Authorization AND 6. Attendance Verification

- Training pre-authorization. Training document verifying DSW volunteer's participation.

Send claim documents to: WDU@caloes.ca.gov