

**CENTRAL CALIFORNIA CONFERENCE
P. O. BOX 770
CLOVIS, CA 93613**

Instructions to be followed by employees receiving a work related injury:

1. Inform your supervisor immediately upon injury and go to a doctor that accepts CA workers comp if necessary.
2. Complete and sign the upper section, 1-8, of the Employee Claim Form DWC-1. (posted on CCC website)
3. Have your supervisor fill out the employers 5020 form. (posted on CCC website)
4. Then return forms to:

Human Resources
PO Box 770
Clovis, CA 93613
FAX (559) 347-3062 or 559-347-3120 or email: lbarron@cccsda.org
4. Keep a copy of these forms for your records.
5. Please instruct your doctor to send the DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS, FORM 5021, along with all bills to:

Attention: Claims Manager
Sedgwick, CMS
PO Box 14421
Lexington, KY 40512
925-888-1500

Should you have any questions, please contact:

Claims Manager
Sedgwick, CMS
(925) 988-1174

OR

Linda Barron, Human Resources
Central California Conference
(559) 347-3042