

# Disaster Service Worker Volunteer Program (DSWVP) Claim Submission Instruction for Employers/Supervising Agencies

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## 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.

INSTRUCTIONS for SUPERVISING AGENCY					
DOCUMENT	STATE FUND	CALOES	INJURED DSW VOLUNTEER	COMMENTS	
State Fund Form 3267	Fax Copy & Mail Original	Fax or Scan Copy	<b><i>DO NOT PROVIDE COPY!</i></b>	State Fund Fax: 707-646-0594  Cal OES Fax: 916-845-8736	
State Fund Form 3301			Provide copy of: ① Temporary Receipt - volunteer's proof of filing ② Completed & signed Form - after bottom section completed		
DSW Registration & Oath	Fax Copy	Fax or Scan Copy	DO NOT PROVIDE COPY!	*Required for training injuries	
Incident Report					
Training Pre-Authorization*					
Training Verification*					
NOTE: Supervising Agency (and Registering Agency) retain copy of entire claim submission.					7.2018