

Workers Compensation Claims Info

In normal business hours, follow the guidance at:

http://safety.ucanr.edu/Guidelines/Reporting_an_Injury/

Employee and supervisor fill out the Employers Report of Injury or Illness form and e-mail/fax to ANR Staff Personnel Unit (anrstaffpersonnel@ucanr.edu or (530) 756-1180)

After hours reporting:

UC Toll-Free Incident Reporting: 877-682-7778

If the clinic/provider will not treat without insurance information, provide the following:

Insurance Provider:

Self-Insured

Third Party Administrator (TPA) information:

Sedgwick CMS

P.O. Box 14533

Lexington, KY 40512-4533

Telephone: (866) 274-6586

Fax: (916) 788-9992

Employer information:

University of California, Davis

Workers' Compensation

One Shields Avenue

Davis, CA 95616

Contact: Kimberly Sieg

Telephone: (530) 752-7243

Fax: (530) 752-3439

If necessary, Risk Services can provide a Workers Compensation Claim Form (DWC-1) with billing information.