

State of Vermont Office of Risk Management

COVID-19 Workers' Compensation Reporting Guidelines

A workers' compensation claim should be filed by a supervisor completing the First Report of Injury (Form 1) which is found online at The Office of Risk Management's (ORM's) website.

[Workers' Compensation Forms | Agency of Administration \(vermont.gov\)](#)

The injury is to be reported within 72 hours of the supervisor being made aware of the COVID claim.

The completed Form 1 should be reported to CorVel, the State's third party workers' compensation claim adjusting company, via email, fax or telephone.

EMAIL First Notice of Loss form to FNOL_FAX@CORVEL.COM

FAX to (866) -777-1668

Information from the Form 1 can also be called into Corvel by the supervisor or manager.

CALL 800-801-4604 and select option 2 to speak with CorVel Intake Specialist.

A Form 1 should be completed in the following situations:

1. Any positive COVID test result conducted at a State facility. If the employee states the exposure was contracted outside the workplace that should be entered in the incident description box but the claim should still be reported.
2. Any positive COVID test result reported by employee who states COVID was contracted at the workplace.

Reporting a claim to CorVel does not mean it will be accepted as a work related Covid-19 claim. The claim will be assigned an adjuster from CorVel who will gather information from the employee, supervisor or manager and review relevant medical documentation. Absent an extension by VDOL, the adjuster has 21 days to determine compensability (whether or not claim is accepted as work related or denied as not work related).

The following are required for a COVID 19 claim to be accepted by CorVel as work related:

1. A completed Form 1 filed by SOV supervisor or manager.
2. A copy of a positive COVID test result, either from a laboratory, medical office or self-test.
3. A completed and returned Form 7 (medical release) signed by the employee. The Form 7 is sent to the employee by the CorVel adjuster.
4. The employee and supervisor or manager must cooperate with the CorVel adjuster during their information gathering process in order to confirm COVID exposure was at work. The CorVel adjuster will call and/or email the employee and manager or supervisor. Full names and contact information (email and phone numbers) must be on the Form 1.
5. The employee must have missed three (3) days of their regularly scheduled work shifts due to the COVID-19 symptoms or illness.
6. Employees are NOT required to seek medical treatment for their COVID-19 symptoms or illness. (Medical treatment is required to be administered to employees in all other types of workers' compensation claims.)

Authored by The State of Vermont, Agency of Administration, Office of Risk Management

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