



JUDICIAL BRANCH WORKERS' COMPENSATION PROGRAM

CALIFORNIA NON-MPN NOTICE AND POSTING INSTRUCTIONS



Posting notices:

- By law, employers shall post and keep posted the Notice to Employee - Injuries Caused by Work (DWC 7), in a conspicuous location frequented by employees.

01



For members not using the Sedgwick Medical Provider Network (MPN):

- Print the blank DWC 7.
 - Add the following information on the DWC 7
 - MPN Website (use this line): Add the name of your designated Medical Facility and telephone number(s)
 - Claims Administrator: Sedgwick Claims Management Services, Inc.
 - Phone: 800-597-7677
 - Workers' Compensation Insurer: Permissibly Uninsured

02



As-needed notices:

- The Physician Predesignation form is required at time of hire, and upon employee request.
- The DWC 1 form must be provided to an injured employee within one (1) working day of knowledge of injury or upon request.

03



ADDITIONAL INFORMATION REGARDING POSTING NOTICES MAY BE FOUND ON THE [JBWCP RESOURCE PAGE](#), [CLAIMS MANUAL](#).