

## **Electronic Adjudication Management System E-Form Agreement**

Prior to acceptance as an E-Form filer in the Electronic Adjudication Management System (EAMS), the EAMS administrator for each office of an organization must complete and submit the E-Form Agreement Excel Spreadsheet to the State of California, Department of Industrial Relations, Division of Workers' Compensation (DWC), by e-mail to [EFORMS@DIR.CA.GOV](mailto:EFORMS@DIR.CA.GOV).

The undersigned declares, under penalty of perjury according to the laws of the State of California, that the information given is true and correct and that he or she is the person identified as the Primary EAMS Administrator (Primary Administrator) for the office, is authorized by and on behalf of the office and the organization, and hereby does apply to DWC for the office and the organization to participate in E-Forms, and agree to the following terms and conditions using the S Signature as noted below on page five:

### **Terms and Conditions**

1. Any E-Filer found to be in violation any of these provisions may have their E-Filing privileges suspended or terminated. If you know or suspect that any E-Filer has violated any of these policies, please notify DWC immediately at [EFORMS@DIR.CA.GOV](mailto:EFORMS@DIR.CA.GOV).
2. Unless the participating organization is a sole practitioner, an alternate EAMS administrator with a separate email account known as the Designated Owner, must also be designated to act in the absence of the Primary EAMS Administrator as provided in this agreement.
3. The terms used in this agreement (such as "representative office" and "Central Registration Unit") are as defined in the DWC Administrative Director's regulations.
4. Submission of this agreement also constitutes registration of the office and the organization with CRU in accordance with the DWC Administrative Director's regulations.
5. DWC will issue an EAMS username and password (login) to the Primary Administrator for use by the office.
6. The office may electronically submit documents once DWC issues a username and password for the office.
7. DWC, in its sole discretion, will assign a name to the office (the assigned name) and will notify the Primary Administrator of the assigned name.
8. If the office is a claims administrator office, insurance carrier office, or lien claimant office, it shall submit documents to EAMS in the assigned name only.

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9. If the office is a representative office, it shall submit documents to EAMS only in the name of a client for which it is the legally authorized representative and shall include the office's assigned name as representative in any document on which it is possible to do so.
10. Documents shall not be submitted to EAMS anonymously.
11. If authorized by the organization and the office to do so, the Primary Administrator may permit an authorized employee or independent contractor of the organization to use the office's login.
12. The organization and the office, through the Primary Administrator, is responsible for ensuring that no more than one use of the login occurs at any time.
13. The organization, not DWC, is solely responsible for compliance with Civil Codes § 1798.81.5(b) and 1798.82(a).

Civil Code § 1798.81.5(b) requires a business that owns or licenses personal information about California residents to implement and maintain reasonable security procedures and practices appropriate to the nature of the information to protect the personal information from unauthorized access, destruction, use, modification or disclosure.

Civil Code § 1798.82(a) requires any person or business that conducts business in California, and that owns or licenses computerized data that includes personal information, to promptly disclose any breach of the security system following discovery or notification of the breach in the security of the data to any resident of California whose unencrypted personal information was or is reasonably believed to have been acquired by an unauthorized person.

14. The Primary Administrator, on behalf of the organization and the office, is responsible for securing and safeguarding the login. Once DWC issues the login to the office through the Primary Administrator, all responsibility for safeguarding and securing the login rests with the organization and the office, through the Primary Administrator and Designated Owner, and not with DWC.
15. The Primary Administrator is responsible for ensuring that the organization and the office develop, implement, disseminate, and enforce policies and procedures to safeguard and secure the login and that any employee or independent contractor whom the Primary Administrator permits to use the login is properly trained and supervised to safeguard and secure the login.
16. Any actual or potential breach or compromise of the security of the login or of any information potentially accessible using the login, must be reported to DWC by the organization and the office, through the Primary Administrator, immediately upon discovery thereof.

## **Instructions for Completing E-Form Agreement (continued)**

17. DWC shall have no liability to the organization or Primary Administrator for any loss or damages occasioned by any breach of the security of the organization's login or password or of any information potentially accessible using the login and password. The cost, expense, or damages as a result of any actual or potential breach or compromise of the security of the login or of any information potentially accessible using the login, shall be the responsibility of the organization and the office, through the Primary Administrator, not DWC.
18. If the Primary Administrator becomes temporarily unavailable or incapacitated, the Designated Owner identified above shall temporarily assume the duties and obligations of the Primary Administrator. It shall be the responsibility for the Primary Administrator to ensure that the Designated Owner at all times is fully prepared to carry out these responsibilities.
19. If the Primary Administrator becomes permanently unavailable, incapacitated, retires, or dies, the Designated Owner identified above shall either temporarily assume the duties and obligations of the Primary Administrator or notify DWC of the office's new Primary Administrator. It shall be the responsibility for the Primary Administrator to ensure that the Designated Owner at all times is fully prepared to carry out these responsibilities.
20. The Primary Administrator shall provide EAMS first-level support for the office. DWC will provide second-level support for EAMS through the EAMS Help Desk.
21. The Primary Administrator may contact the EAMS Help Desk for second level support by emailing the EAMS Help Desk at [EAMSHelpDesk@dir.ca.gov](mailto:EAMSHelpDesk@dir.ca.gov) or by telephone at (888) 771-3267.
22. The Primary Administrator is responsible for ensuring that no employees or independent contractors of the office or organization whom the Primary Administrator permits to use the login, except the Designated Owner if the Primary Administrator is unavailable, contact the EAMS Help Desk for second-level support.
23. The organization or office, through the Primary Administrator, may withdraw from E-Forms at any time by so notifying DWC.
24. DWC shall serve documents through EAMS on the office through email, fax, or US mail, although the default is email.
25. DWC shall send notices relating to this agreement to the organization, office, and Primary Administrator, through the Primary Administrator and addressed to the Primary Administrator, at the Primary Administrator's email address identified in the E-Form Agreement Spreadsheet.

## **Instructions for Completing E-Form Agreement (continued)**

26. The organization, office, and Primary Administrator shall send notices relating to this agreement to DWC by email to [EFORMS@DIR.CA.GOV](mailto:EFORMS@DIR.CA.GOV).
27. Contact information for other EAMS E-Filers, which may be contained in the address field of emails sent by the Division, may not be used by the recipient to distribute and/or generate mailing lists for use by the E-Filer or transferred to any third party for their use to distribute and/or generate mailing lists. Each E-Form Filer will complete the E-Form Agreement Excel Spreadsheet, providing information as it pertains to them.

### **E-Form Filer Information**

**Date:** Enter the current date.

**Existing Filer:** Yes, if submitting an amended spreadsheet or a JET-Filer.

**Office/Organization Name:** The formal name of the Office/Organization. An E-Form Filer can be one office or one entity. For example, a claims administrator with multiple offices can request each office become an E-Filer.

**Uniform Assigned Name (UAN):** The formal UAN created for claims administrators, representatives, and lien claimants by the DWC. Claims administrators are insurance carriers who self-administer claims, third-party administrators, and self-insured, self-administered employers. Representatives are attorney and non-attorney representatives. Lien claimants are parties, usually service providers, requesting payment of money owed in a workers' compensation case.

**EAMS Reference Number (ERN):** Uniquely assigned number for entities registered in EAMS. If a JET Filer filling out an E-Forms Agreement Spreadsheet does not have or know its ERN, DWC will assign one and, inform the E-Form Filer in the same email to the Primary Administrator. Claims administrators, representative offices, and lien claimants should locate their ERNs using the UAN online lookup tools.

**Preferred Method of Service:** Choose only one: Email, Fax, or US Mail. Preferred method of service is specified during registration with CRU. If no preferred method of service is specified, the default is email.

**Mailing Address:** The mailing address used to receive deliveries via the U.S. Postal Service for the E-Form Filer. This include the street address, city, two-character standard state abbreviation, and the five-digit zip code.

**Physical Address:** E-Form Filer's physical address. Leave fields blank if the same as the mailing address.

**Office Email:** Email address for the organization. Must be different than Primary Administrator and Designated Owner email addresses, unless the participating organization is a sole practitioner.

## **Instructions for Completing E-Form Agreement (continued)**

**Office Telephone or Fax (if preferred method):** Telephone or fax number for the organization. Must be different than Primary Administrator and Designated Owner telephone numbers, unless the participating organization is a sole practitioner.

**Office/Organization Category:** Identifies the type of organization or individual filing the E-Form Agreement. If entering "Other", provide explanation.

### **E-Form Administrator and Contact Information**

This section provides the identity and, contact information, for the individuals who will be used as contacts for the E-Form Filer: A Primary Administrator and Designated Owner.

**Primary Administrator:** The individual responsible for contacting DWC and, for training office/organization employees in the use of EAMS.

**Designated Owner:** The individual that will be contacted, should the primary administrator, be unavailable. Must be different than Primary Administrator, unless the participating organization is a sole practitioner.

**Primary Administrator Name:** Full name of Primary Administrator.

**Designated Owner Name:** Full name of Designated Owner. Must be different than Primary Administrator, unless the participating organization is a sole practitioner.

**Primary Administrator Email:** Email address of Primary Administrator.

**Designated Owner Email:** Email address of Designated Owner. Must be different than Primary Administrator, unless the participating organization is a sole practitioner.

**Primary Administrator Phone Number:** Phone number of Primary Administrator. Must be direct or include extension.

**Designated Owner Phone Number:** Phone number of Designated Owner. Must be direct or include extension. Must be different than Primary Administrator, unless the participating organization is a sole practitioner.

**S Signatures:** Are entered in lieu of hand-written signatures in E-Forms. An S Signature shall consist of the letter S, followed by, the first and last name of the person signing the document. Example: S JOHN DOE. Please omit all special characters (slashes, hyphens, periods, etc.), all initials, and all prefixes and suffixes.