

DEPARTMENT OF INDUSTRIAL RELATIONS  
COMMISSION ON HEALTH AND SAFETY AND  
WORKERS' COMPENSATION

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February 3, 2025

TO: California Workers' Compensation Insurance Companies

FROM: Commission on Health and Safety and Workers' Compensation (CHSWC)  
California Department of Industrial Relations

**2024/2025 Billing Notice for Calendar Year 2024**

**Workers' Occupational Safety and Health Education Fund (WOSHEF)**

***Background***

Labor Code Section 6354.7 requires that workers' compensation insurers fund WOSHEF by paying an annual fee of the greater of \$100.00 or .0286 percent of their paid workers' compensation indemnity claims as reported for the prior calendar year on the "Call for California Workers' Compensation Experience" filed with the California Workers' Compensation Insurance Rating Bureau (WCIRB). To calculate the proper amount, the percentage needs to be converted to decimals. For example,  $(0.0286\% = .000286 \times \$ \text{ amount paid workers' compensation indemnity claims} = \text{fee})$ . For calculations under \$100.00, the required minimum payment is \$100.00.

WOSHEF funds the Worker Occupational Safety and Health Training and Education Program (WOSHTEP).

Please review the information on the following pages about the 2025 Billing Notice and the obligation of insurers to provide loss control services.

***Billing Notice***

This letter serves as your 2025 WOSHEF Billing Notice.

In order to comply with this billing notice, please be sure to:

1. Complete the enclosed "Workers' Occupational Safety and Health Education Fund Fee Report" form (CHSWC-1), also referred to as the "WOSHEF Fee Report."
2. Include a copy of the most current Certificate of Authority issued by the California Department of Insurance for each insurance carrier writing workers' compensation in California.
3. Have the WOSHEF Fee Report signed by the Company Officer (a person with authority to establish the loss control consultation program and authorize the payment of fees into the WOSHEF).
4. Include a copy of the Data Call for Direct California Workers' Compensation Experience" that was filed with WCIRB for calendar year 2024. Attached are two samples of Call for Direct California Workers' Compensation Experience Calendar Year 2024 Forms. The Loss Exhibit or bottom half of each form is the same and requires the reporting of paid indemnity losses. You may use either Calendar Year Call form to submit with your assessment.
5. Calculate the assessment due by referring to the Calendar Year 2024 "Data Call" to determine the amount of Paid Indemnity in the prior year.
  - If your company reported to WCIRB on the Data Call for Direct California Workers' Compensation Experience Fourth Quarter of Calendar Year 2024 (CA-QT-4Q24), the calculation is based on the number in Column (1) Paid Losses, box (e) YTD change.
  - If your company reported to WCIRB on the Data Call for Direct Workers' Compensation Experience (Abridged) Calendar Year 2024 (CA-NC-2024), the calculation is based on the number in Section II, Loss Exhibit Column (1) Indemnity.

Samples of these forms with the appropriate box circled are enclosed with this Billing Notice.

Calculate  $.000286$  of this figure to determine the fees due. (The enclosed WOSHEF Fund Fee Report form (CHSWC-1) includes a sample calculation.)

6. Make Your Payment by:

Step 1 –

- Making an electronic payment at our secure WOSHEF online payment via [EFT](#) or [Credit/Debit Card](#).

**Contact [WOSHEF](#) if you do not know your assigned company number.**

- Print out Payment Confirmation Form to send in with the other required documents.

Step 2 –

Collect required documentation for e-mailing as specified in this Billing Notice:

- Completed Workers' Occupational Safety and Health Fund Fee Report Form (CHSWC-1)
- A Copy of the WCIRB Data Call for Direct Workers' Compensation Experience 2024
- A Copy of the Most Recent Certificate of Authority
- A Copy of the EFT or Credit/Debit Card Payment Confirmation

Step 3 –

Send the collected documentation as attachments to [WOSHEF e-mail](#) at [WOSHEF@dir.ca.gov](mailto:WOSHEF@dir.ca.gov), no later than April 1, 2025.

**Please include COMPANY NAME and ASSIGNED WOSHEF COMPANY NUMBER in the subject/title of the email**

This Billing Notice and the WOSHEF Fund Fee Report form are also available on the [Commission's website](#) at: [www.dir.ca.gov/chswc/WOSHEF](http://www.dir.ca.gov/chswc/WOSHEF).

Any questions should be directed via [WOSHEF e-mail](#) at [WOSHEF@dir.ca.gov](mailto:WOSHEF@dir.ca.gov).

***Insurer Obligations to Provide Loss Control Consultation Services***

Labor Code Section 6354.5 and Insurance Code Section 11703 require all workers' compensation insurers to maintain or provide occupational safety and health loss control consultation services. These services must be adequate to identify the hazards exposing the insured to, or causing the insured, significant workers' compensation losses, and to advise the insured of steps needed to mitigate the identified workers' compensation losses or exposures.

The insurer's loss control consultation services program must include all of the following:

- A workplace survey, including discussion with management and, where appropriate, non-management personnel with permission of the employer.
- A review of injury records with appropriate personnel.
- The development of a plan to improve the employer's health and safety loss control experience, which shall include, where appropriate, modifications to the employer's injury and illness prevention program established pursuant to Labor Code Section 6401.7.
- At the time that an insurance policy is issued, and annually thereafter, your company must provide each insured employer with a written description of the consultation services together with a notice that the services are available at no additional charge to the employer. These notices to the employer must appear in at least 10-point bold type.

Please make certain that your loss control consultation services are in compliance with these laws.

***For Assistance...***

If you should have any questions regarding your 2025 WOSHEF Billing Notice or the provision of loss control consultation services to your California policyholders, please call CHSWC at (510) 622-3959.

Again, please note that the WOSHEF Fund Fee Report Form (CHSWC-1), required attachments, and the payment of fees must be filed with this office no later than April 1, 2025.