

**Electronic Adjudication Management System  
E-Forms Agreement**

Prior to acceptance as an E-Forms 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 at [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 (administrator) for the office, and 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:

1. Unless the participating organization is a sole practitioner or there is only one employee of the organization working at the office participating in E-Forms, an alternate EAMS administrator with a separate email account, must also be designated to act in the absence of the primary EAMS administrator as provided in this agreement. 2
2. The terms used in this agreement (such as "representative office," and "Central Registration Unit") are as defined in the DWC Administrative Director's regulations.
3. Submission of this agreement also constitutes registration of the office and the organization with CRU in accordance with the DWC Administrative Director's regulations.
4. DWC will issue an EAMS username and password (login) to the administrator for use by the office.
5. The office may electronically submit documents once DWC issues a user log in and password for the office.
6. DWC, in its sole discretion, will assign a name to the office (the assigned name) and will notify the administrator of the assigned name.
7. If the office is a claims administrator office or lien claimant office, it shall submit documents to EAMS in the assigned name only.
8. 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.
9. Documents shall not be submitted to EAMS anonymously.
10. If authorized by the organization and the office to do so, the administrator may permit an authorized employee or independent contractor of the organization to use the office's login.
11. The organization and the office, through the administrator, are responsible for ensuring that no more than one use of the login occurs at any time.

12. The organization, not DWC, is solely responsible for compliance with Civil Code §§ 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 of the 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.

13. The 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 administrator, all responsibility for safeguarding and securing the login rests with the organization and the office, through the administrator, and not with DWC.

14. The 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 administrator permits to use the login is properly trained and supervised to safeguard and secure the login.

15. 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 administrator, immediately upon discovery thereof.

16. DWC shall have no liability to the organization or 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 administrator, not DWC.

17. If the administrator becomes temporarily unavailable or incapacitated, the alternate administrator identified above shall temporarily assume the duties and obligations of the administrator. It shall be the responsibility of the administrator to ensure that the alternate administrator at all times is fully prepared to carry out these responsibilities.

18. If the administrator becomes permanently unavailable or incapacitated, retires or dies, the alternate administrator identified above shall either temporarily assume the duties and obligations of the administrator, or notify DWC of the office's new administrator. It shall be the responsibility of the administrator to ensure that the alternate administrator at all times is fully prepared to carry out these responsibilities.

19. The administrator and/or the alternate administrator shall provide EAMS first level support for the office. DWC will provide second level support for EAMS through the EAMS Help Desk.

20. The administrator or the alternate administrator may contact the EAMS Help Desk for second level support by e-mail at [EAMSHelpDesk@dir.ca.gov](mailto:EAMSHelpDesk@dir.ca.gov) or by telephone at (888) 771-3267, option 4.

21. The administrator is responsible for ensuring that no employees or independent contractors of the office or the organization whom the administrator permits to use the login, except the administrator and the alternate administrator, contact the EAMS Help Desk for second level support.

22. The organization or office, through the administrator, may withdraw from e-forms at any time by so notifying DWC.

23. DWC shall serve documents through EAMS on the office using the office's preferred method of service.

24. DWC shall send notices relating to this agreement to the organization, office, and administrator through the administrator addressed to the administrator at the administrator's e-mail identified above.

25. The organization, office, administrator, and alternate administrator shall send notices relating to this agreement to DWC by e-mail at [EFORMS@DIR.CA.GOV](mailto:EFORMS@DIR.CA.GOV)

26. 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 generate distribution and/or mailing lists for use by the e-filer, or transferred to any third party for their use to generate distribution and/or mailing lists. Any e-filer found to be in violation of this provision may have their e-filing privileges terminated. If you know, or suspect, that any e-filer has violated this policy, please notify DWC immediately at [EFORMS@DIR.CA.GOV](mailto:EFORMS@DIR.CA.GOV)

### **Instructions for Completing E-Form Agreement**

Each E-Form filer will complete the E-Form agreement Excel spreadsheet, providing information as it pertains to them.

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

**Existing Filer:** if yes, is this amended, or are you a JET filer, please let us know

**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 and representatives 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.

**EAMS reference number (ERN):** Uniquely assigned number for entity registered in EAMS. If the JET Filer does not have or know its ERN, DWC will assign one and inform the E-Form Filer of the same by email to the primary administrator. Claims administrators and representative offices should locate their ERNs using the UAN online lookup tool.

#### **Preferred method of service:**

Choose only one, US Mail, E-mail, or Fax

**Mailing address:** The mailing address used to receive deliveries via the U.S. Postal Service for the E-Form Filer.

**Physical address:** E-Form Filer's physical address. Leave field blank if this address is the same as the mailing address.

**City:** The city portion of the street address of the E-Form Filer.

**State:** The two-character standard state abbreviation of the state portion of the street address of the E-Form Filer.

**ZIP code:** The five-position ZIP code of the mailing address of the E-Form Filer.

**Office/Organization category:** Identifies the type of organization or individual filing the E-Form agreement. If checking “other,” provide explanation.

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

This section provides the identity of and contact information for the two individuals who will be used as contacts for the E-Form Filer: a primary and alternate administrator.

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

Alternate administrator: The individual that will be contacted should the primary administrator be unavailable.

Primary administrator: Primary contact Alternate administrator: Secondary contact

Name: Name of primary administrator Name: Name of alternate administrator

E-mail address: E-mail of primary administrator E-mail address: E-mail of alternate administrator  
(must be different than primary)

Phone: Phone number of primary administrator Phone: Phone number of alternate administrator  
(must be direct or include extension)

**Challenge Questions:**

Date of birth and place of birth will be used as identification in the event the password needs to be resent.

**The s-signed, dated and completed E-Form agreement Excel spreadsheet, which incorporates this document, must be submitted to DWC at**

**[EFORMS@DIR.CA.GOV](mailto:EFORMS@DIR.CA.GOV)**