



INSTRUCTIONS ON HOW TO COMPLETE THE RETURN TO WORK SUPPLEMENT PROGRAM (RTWSP) APPLICATION

Return To Work Supplemental Program (RTWSP)

WARNING: Any person who knowingly makes or uses a false record or statement material to the claim is liable for treble damages plus a civil penalty of not less than \$5,500 and not more than \$11,000 plus the cost of the action pursuant to the False Claims Act, Government Code sections 12650-12656

Before you begin, please have the following information:

- ✓ Your Supplemental Job Displacement Voucher DWC-AD 10133.32 form, the completed voucher including the Proof of Service, signed by your claims administrator
- ✓ The Proof of Service Date on the Supplemental Job Displacement Voucher form DWC-AD 10133.32 (SJDB) Rev: 10/1/2015
- ✓ DWC ADJ case number
- ✓ Claims Number from the insurance carrier
- ✓ Any Previous RTWSP benefit payment information

Fill out the Individual Information

Step 1 of 5

* Indicates a required field

1. * First Name
2. MI (middle initial)
3. * Last Name
4. * Date of Birth (MM/DD/YYYY)
5. * SSN/ITIN (999-99-9999)
6. * Address
7. * City
8. * State (select from drop down list)
9. * Zip Code
10. Email Address
11. Phone Number

** Contact information is not required, but useful if questions may arise

A screenshot of the RTWSP application form, Step 1 of 5: Individual Information. The form is titled "INDIVIDUAL INFORMATION" and "Step 1 of 5". It features a progress bar at the top with five steps: Individual Information, Injury History, Upload SJDB, Certification, and Review and Submit. The "Individual Information" step is highlighted with an orange arrow. The form contains several input fields: *First Name, MI, *Last Name, *Date of Birth, *SSN / ITIN, *Address, *City, *State (a dropdown menu labeled "Select State"), *Zip Code, Email Address, and Phone Number. A blue "Continue" button is located at the bottom left. A note at the bottom states "* indicates a required field".



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Fill out the Injury History

Step 2 of 5

* Indicates a required field

1. * Date of Injury
2. * Claim Number
3. * Supplemental Job Displacement Benefit (SJDB) Service Date (MM/DD/YYYY)
4. * ADJ Number
5. * Prior RTWSP Benefit payment
 - If yes, complete the following information
 - a. RTWSP Application Number (RTW#####)
 - b. RTWSP Benefits Eligibility Filing Date (MM/DD/YYYY)

Upload SJDB Voucher

Step 3 of 5

* Uploading a copy of your SJDB voucher in either PDF or TIFF format.

- Upload the completed voucher including the Proof of Service, signed by your claims administrator
1. Click on **Upload File** button
 2. Click on **Browse** button and locate a copy of your file
 3. Click **Open** button once file is selected
 4. Verify your file name and click **Add** button

Your document will appear next to **File Attached



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Check boxes for Certification

* Indicates a required field

*Verify residency

Select only one of the following:

- California Resident**
Qualified to do business in California or maintains a permanent place of business in California.
- California Nonresident**
Payments to nonresidents for services may be subject to State income tax withholding.

*Penalty of Perjury

- I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
I certify this on: **current date will appear

Step 4 of 5

The screenshot shows the 'CERTIFICATION' step of the application. At the top, a progress bar indicates the current step. Below the title, there are two main sections: 'Residency Certification' and 'Penalty of Perjury'. The 'Residency Certification' section has two radio button options: 'California Resident' (selected) and 'California Nonresident'. The 'California Resident' option includes the text: 'Qualified to do business in California or maintains a permanent place of business in California.' The 'California Nonresident' option includes: 'Payments to nonresidents for services may be subject to State income tax withholding.' The 'Penalty of Perjury' section contains a text box with the statement: 'I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.' Below this is a checkbox for 'I certify this on:' followed by the date '03/23/2015'. At the bottom, there are 'Previous' and 'Continue' buttons, and a note: '* Indicates a required field'.

Review and Submit

Review the information on the form, corrections can be made by clicking on **Edit** links or on the section tab. Once information is verified as correct, click **Submit** button

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The screenshot shows the 'REVIEW AND SUBMIT' step of the application. It features a progress bar at the top. The main content is organized into four sections: 'INDIVIDUAL INFORMATION', 'INJURY HISTORY', 'UPLOAD SJDB', and 'CERTIFICATION'. Each section has a 'QUESTION' and an 'ANSWER'.
 - **INDIVIDUAL INFORMATION:** Full Name: John A Smith; Date of Birth: 01/01/1900; SSN / ITIN: ***-**-9999; Address: 1 Main Street, Oakland, CA 99666; Email Address: johnsmith@email.com; Phone Number: (510) 555-5555.
 - **INJURY HISTORY:** Date of Injury: 01/01/2013; Claim Number: WC-123456; SJDB Service Date: 01/01/2014; ADJ Number: ADJ1234567; Have you ever received a RTWSP benefit payment before today?: Yes; RTWSP Application No.: RTW1000000; RTWSP Benefit Eligibility Determination Date: 06/15/2013.
 - **UPLOAD SJDB:** File Attached: Voucher.pdf.
 - **CERTIFICATION:** Residency Certification: California Resident - Qualified to do business in California or maintains a permanent place of business in California. Penalty of Perjury Certification: I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I certify this on: 03/23/2015.
 At the bottom, there is a 'Submit' button.



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Submission Confirmation page

Once your application is successfully submitted, you will be assigned an RTW number. You can print out a copy of your application form for your records. An eligibility determination will be made within 60 days.



Your application was submitted successfully!

Thank you for your interest in the Return to Work Supplement program, your application has been successfully submitted on 03/23/2015; an eligibility determination will be made within the next 60 days and a benefit notice indicating whether or not you qualify for the RTWSP benefit will be mailed to you. To avoid delays in processing your application, please DO NOT submit a second application. Should you have any questions please contact the RTWSP unit at 510-286-0787 or RTWSP@dir.ca.gov.

Below are links to your Application Package. Please print this page and click the links to view and print a copy of the documents for your records.

Your RTWSP Application Number is: RTW1000487.

Application Package

- Application PDF 
- SJDB Voucher PDF 

[Click here to Print this Page](#)

Sample of RTW Number

Privacy Notice on Collection of Personal Information: The Department of Industrial Relations will use the personal information collected below to determine your eligibility for, and pay the benefit authorized by Labor Code § 139.48. Your injury history will be used to confirm your identity, and to determine your eligibility. You must provide your Social Security number (SSN) or federal tax identification number (FEIN) to receive this benefit (8 C.C.R. § 17306). Your SSN or FEIN will be used to match your application to the correct return to work documents, which must be reviewed in the eligibility determination process, and will be provided to the State Controller's Office for payment processing and accounting. Failure to provide your name; address; or SSN or FEIN will result in a denial of benefits. The department may share this information for general law enforcement or research purposes. California's Information Practices Act (Civil Code Section 1798 et seq.) governs the department's collection and use of individuals' personal information. The department's privacy policy, including privacy officer contact information, is available at http://www.dir.ca.gov/od_pub/privacy.html. Caution: Is Your Computer Secure?