

General Claims Handling - California Workers Compensation, Self Insurance Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. What do 'disability benefits' in California Workers' Compensation comprise?**
 - A. Payments for medical bills only**
 - B. Reimbursement for lost wages only**
 - C. Payments made to employees unable to work due to injury**
 - D. One-time lump sum payments for injuries**

- 2. Dupuytren's contracture specifically involves which part of the body?**
 - A. Shoulder**
 - B. Knee**
 - C. Hand**
 - D. Foot**

- 3. How are non-work-related injuries characterized in workers' compensation claims?**
 - A. Injuries that occur from work duties**
 - B. Injuries arising from personal activities**
 - C. Injuries related to training sessions**
 - D. Injuries documented with an employer**

- 4. What is the time frame in which an Employer's First Report of Occupational Injury or Illness must be filed?**
 - A. 3 days**
 - B. 5 days**
 - C. 7 days**
 - D. 10 days**

- 5. Which of the following best describes a reasonable refusal of medical treatment?**
 - A. Patient chooses alternative therapy**
 - B. Patient does not understand the treatment**
 - C. Patient is unhappy with the doctor**
 - D. Patient has a conflicting schedule**

- 6. What documents should be filed with the WCAB if you choose not to be represented after the applicants' attorney files an Application for Adjudication of Claim?**
- A. Employer's insurance policy**
 - B. Original medical records**
 - C. Weekly payroll records**
 - D. Incident report forms**
- 7. What type of claims does the Chief of the Office of Self Insurance Plans oversee?**
- A. Workers Compensation claims**
 - B. Personal Injury claims**
 - C. Property damage claims**
 - D. Commercial liability claims**
- 8. What does the California Self-Insurers' Security Fund provide?**
- A. A fund that sponsors employee training**
 - B. Security for claims against self-insured employers**
 - C. Health benefits for all workers**
 - D. A guarantee for all workers' compensation claims**
- 9. What is the requirement for an employee to be considered a covered employee in the Medical Provider Network?**
- A. The employer must provide the employee with an implementation notice**
 - B. The employee must have previous experience in a similar role**
 - C. The employee must agree to a contract with the employer**
 - D. The employer must be registered with the state Workers' Compensation Board**
- 10. When is a proof of service necessary?**
- A. When filing for income benefits**
 - B. For a Notice Denying Liability**
 - C. When appealing a claim decision**
 - D. For any communication with the employee**

Answers

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1. C
2. C
3. B
4. B
5. A
6. B
7. A
8. B
9. A
10. B

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Explanations

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1. What do 'disability benefits' in California Workers' Compensation comprise?

- A. Payments for medical bills only**
- B. Reimbursement for lost wages only**
- C. Payments made to employees unable to work due to injury**
- D. One-time lump sum payments for injuries**

Disability benefits in California Workers' Compensation are designed to provide financial support to employees who are unable to work due to a work-related injury or illness. Specifically, these benefits help compensate for lost wages during the period an employee cannot perform their job duties because of their medical condition. This coverage aims to ensure that workers have some level of income while they recover and cannot engage in their typical work activities. Other choices do not encompass the full scope of what disability benefits entail. While payments for medical bills are important in the workers' compensation system, they do not represent disability benefits, which focus on lost wages and the employee's ability to work. Similarly, reimbursement for lost wages could imply only the wage replacement aspect but does not specifically highlight the context of an employee being unable to work due to injury, which is crucial. Lastly, one-time lump sum payments may be part of settlements or specific types of claims but are not representative of the ongoing wage-loss benefits provided throughout an employee's recovery period. Thus, the correct understanding of 'disability benefits' is that they comprise payments made to employees who are unable to work due to their injuries or illnesses.

2. Dupuytren's contracture specifically involves which part of the body?

- A. Shoulder**
- B. Knee**
- C. Hand**
- D. Foot**

Dupuytren's contracture specifically involves the hand. This condition is characterized by the thickening and shortening of the fascia, a connective tissue that lies beneath the skin of the palm. As the disease progresses, it can result in one or more fingers bending towards the palm, which can interfere with the ability to fully straighten the fingers. The nature of Dupuytren's contracture directly relates to the structures and functions of the hand, making it a significant concern in hand health and function. Understanding this connection is crucial for claims handling in cases related to workers' compensation, as injuries and conditions affecting the hand can impact a person's ability to perform their job effectively.

3. How are non-work-related injuries characterized in workers' compensation claims?

- A. Injuries that occur from work duties**
- B. Injuries arising from personal activities**
- C. Injuries related to training sessions**
- D. Injuries documented with an employer**

Non-work-related injuries in workers' compensation claims are characterized as injuries arising from personal activities. This includes any incidents or injuries that occur outside of the scope of the employee's job responsibilities or work environment. Such injuries are not compensable under workers' compensation because they do not arise out of or in the course of employment, which is a fundamental requirement for eligibility in these claims. In contrast, injuries from work duties would typically qualify for workers' compensation as they are directly related to the employee's job. Similarly, injuries related to training sessions may involve work duties, especially if the training is part of the job. Injuries documented with an employer also do not signify that the injury is work-related; rather, the nature of the injury itself must be assessed to determine if it arises out of employment. Thus, the focus on personal activities distinguishes non-work-related injuries from those that are compensable.

4. What is the time frame in which an Employer's First Report of Occupational Injury or Illness must be filed?

- A. 3 days**
- B. 5 days**
- C. 7 days**
- D. 10 days**

The requirement for the timely filing of the Employer's First Report of Occupational Injury or Illness is crucial in California workers' compensation claims management. Employers are mandated to file this report within five days of knowledge of an employee's work-related injury or illness. This prompt reporting is vital as it initiates the workers' compensation process, helps in the timely assessment of the claim, and ensures that injured employees receive the necessary benefits without undue delay. Adhering to this time frame is fundamental in maintaining compliance with California regulations and supporting the overall effectiveness of the workers' compensation system.

5. Which of the following best describes a reasonable refusal of medical treatment?

- A. Patient chooses alternative therapy**
- B. Patient does not understand the treatment**
- C. Patient is unhappy with the doctor**
- D. Patient has a conflicting schedule**

A reasonable refusal of medical treatment is best described as a situation where the patient chooses alternative therapy. This reflects the patient's right to make informed decisions about their own healthcare. When patients opt for alternative therapies, they often do so based on their beliefs, preferences, or previous positive experiences with those therapies. This decision can be seen as exercising autonomy over their health choices, particularly if they have discussed options with their physician and are aware of the potential risks and benefits. In contrast, refusing treatment due to misunderstanding or a lack of understanding, dissatisfaction with a doctor, or a conflicting schedule does not typically qualify as a reasonable refusal. These reasons may indicate a need for further discussion or clarification of the treatment plan, the need for improving the doctor-patient relationship, or logistical issues rather than a fully informed choice regarding treatment options.

6. What documents should be filed with the WCAB if you choose not to be represented after the applicants' attorney files an Application for Adjudication of Claim?

- A. Employer's insurance policy**
- B. Original medical records**
- C. Weekly payroll records**
- D. Incident report forms**

When an applicant files an Application for Adjudication of Claim, it is important to provide the Workers' Compensation Appeals Board (WCAB) with relevant documentation that supports your case. The correct choice of original medical records is critical because these documents are essential to establishing the nature and extent of the injury or condition for which the claim is being made. Original medical records provide evidence of the diagnosis, treatment, and the progress or outcome of the medical care received. They are foundational in proving the legitimacy of the claim and the relationship between the injury and the work-related incident. Without these medical records, it would be difficult for the WCAB to assess the case accurately or to determine the medical necessity of treatments required. The other options, while they may serve various purposes in the workers' compensation process, do not directly support the claim in the same way as medical records do. For example, an employer's insurance policy may outline coverage details but does not directly assist in adjudicating the specifics of an injury claim. Weekly payroll records could be relevant in determining temporary disability benefits but are not necessary for the immediate filing purpose with WCAB. Incident report forms may help outline the details surrounding the incident but are less central than the actual medical documentation needed for decision-making on claims

7. What type of claims does the Chief of the Office of Self Insurance Plans oversee?

- A. Workers Compensation claims**
- B. Personal Injury claims**
- C. Property damage claims**
- D. Commercial liability claims**

The Chief of the Office of Self Insurance Plans is responsible for overseeing workers' compensation claims specifically related to self-insured employers in California. This role involves ensuring compliance with state regulations governing self-insurance, monitoring the handling of claims, and establishing standards for the management of workers' compensation programs within self-insured businesses. The focus on workers' compensation claims is crucial because these claims are integral to the support system for employees who suffer work-related injuries or illnesses. Self-insured employers assume the financial risk of workers' compensation claims rather than purchasing insurance from an external provider, and part of the Chief's responsibilities includes overseeing the assessment and adjudication processes associated with these claims. This oversight helps maintain the integrity of the self-insurance system and protects the rights of injured workers. Other claim types mentioned, such as personal injury, property damage, and commercial liability claims, fall outside the purview of the Chief's responsibilities as they do not focus on the specific regulations and frameworks established for workers' compensation within the self-insured sector.

8. What does the California Self-Insurers' Security Fund provide?

- A. A fund that sponsors employee training**
- B. Security for claims against self-insured employers**
- C. Health benefits for all workers**
- D. A guarantee for all workers' compensation claims**

The California Self-Insurers' Security Fund is designed to provide security for claims against self-insured employers. This means that if a self-insured employer is unable to meet its obligations to pay workers' compensation claims due to insolvency or other issues, the Security Fund steps in to ensure that employees can still receive their entitled benefits. This safety net is crucial for protecting workers and ensuring they can access compensation for work-related injuries or illnesses, despite any challenges faced by their employer. The other options do not accurately reflect the purpose of the Self-Insurers' Security Fund. For instance, the fund does not sponsor employee training or provide general health benefits; its specific focus is on managing claims related to self-insurance. Additionally, while the fund does offer coverage for claims, it does not guarantee all workers' compensation claims universally, as not every claim would fall under its purview, especially those from employers who are not self-insured.

9. What is the requirement for an employee to be considered a covered employee in the Medical Provider Network?

- A. The employer must provide the employee with an implementation notice**
- B. The employee must have previous experience in a similar role**
- C. The employee must agree to a contract with the employer**
- D. The employer must be registered with the state Workers' Compensation Board**

To determine if an employee is considered a covered employee in the Medical Provider Network (MPN), the requirement revolves around the communication and acknowledgment of the MPN by the employer. The implementation notice serves as an important tool to inform the employee about their rights and the processes involved in accessing medical treatment within the network. When an employer provides an implementation notice, it ensures that the employee is aware of the MPN and its benefits, thereby establishing their coverage under the MPN. This notice outlines how employees can access medical care, including a list of providers and information about the procedures to follow in case of a work-related injury. Without this notice, the employee may not fully understand their rights or the processes involved, potentially limiting their access to necessary medical care. The other options do not directly meet the regulatory requirements for classifying an employee as a covered individual within the MPN framework. Thus, the provision of an implementation notice is key to ensuring that employees are adequately informed and thus eligible for the benefits provided under the MPN.

10. When is a proof of service necessary?

- A. When filing for income benefits**
- B. For a Notice Denying Liability**
- C. When appealing a claim decision**
- D. For any communication with the employee**

A proof of service is necessary for a Notice Denying Liability because it ensures that the injured worker is formally notified about the denial of their claim. This document serves as legal evidence that the appropriate parties have been informed of the decision, which is essential in workers' compensation cases. The system requires a clear record of such notifications to maintain transparency and allow for the possibility of appeals or other actions by the injured worker. In contrast, while proof of service may be relevant in other contexts, such as when appealing a claim decision, it is not specifically mandated for all communications with an employee or necessarily required when filing for income benefits. Thus, the need for proof of service is particularly critical for the Notice Denying Liability to ensure that the injured worker's rights are protected and that they have proper knowledge of the status of their claim.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://genclaimshandlingcawc.examzify.com>

We wish you the very best on your exam journey. You've got this!

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