PRINT CARRIER NAME HERE

NOTICE OF CLAIM FOR REIMBURSEMENT OUT OF THE SPECIAL DISABILITY FUND UNDER SECTION 15, SUBD. 8

ANSWER ALL QUESTIONS FULLY

ALL COMMUNICATIONS SHOULD REFER TO THESE NUMBERS		3. CARRIER CODE	4. DATE OF INJURY	5. SOCIAL SECURITY NUMBER
1. W.C.B. CASE NUMBER	2. CARRIER CASE NUMBER			

	NAME	ADDRESS	
6. INJURED PERSON			Apt. No.
7. EMPLOYER			
8. CARRIER			

The carrier on behalf of the above-named employer is requesting apportionment of any liability that may be awarded for compensation or medical expenses on this claim and an order directing reimbursement pursuant to Workers' Compensation Law, Section 15 (8). The following information is furnished in support of this notice and claim, subject to further development of the record:

9. Previous physical impairment(s):

Nature and Extent_____

_____

_____

_____Date of onset:_____

10. Subject of WC Claim: ☐ No ☐ Yes If yes, provide particulars (WCB Case No., Name of Employer, Carrier)

Subject of Court Action: ☐ No ☐ Yes If yes, provide particulars (e.g., Date, Court, Index No.)

11. Details of present claim:

Form C-2 filed on: _____ Claimant's Date of Birth: _____ A.W.W. _____

Description of Injury:_____

_____

If death, provide date of death: _____ Nature of injury which caused the death:_____

_____

Compensation has been paid from _____ to _____. Payments ☐ are ☐ are not continuing.

By_____ _____ _____ (____)_____

Name Title Date Telephone No.

☞ MAIL THIS FORM TO THE WORKERS' COMPENSATION BOARD ☜

Forall claims, mail the original and one copy of this form and a check in the amount of $250 for each claim, payable to 'Special Disability Fund' to: WCB Finance Office, 328 State Street, Schenectady, NY 12305. For multiple claims by one entity, one check may be submitted to pay the $250 filing fee for each claim. However, a spreadsheet with the claimant name, WCB case number and check number for each claim must be submitted. Failure to submit the filing fee for each claim will result in the return of this form to the carrier address listed above.

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.