

State of New York - Workers' Compensation Board
First Report of Injury
Report Type (MTC) 01-Cancel Entire Claim

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Employee Name Jane Smith

WCB Case Number (JCN) G2687884 Date of Injury 02/02/2020

Claim Administrator Claim Number BRI-29 Maintenance Type Code Date 10/15/2020

Insurer FEIN xxxxx6212 WCB Received Date 10/15/2020

CLAIM ADMINISTRATOR INFORMATION

FEIN xxxxx6212 State NY

City Albany Postal Code 12202

EMPLOYEE INFORMATION

First Name Jane Middle Name/Initial

Last Name Smith Date of Birth 09/15/1981

Employee ID Type S - Employee Social Security Number Employee ID xxxxx1212

EMPLOYER INFORMATION

Employer FEIN xxxxx5255 Industry Code 812910

INSURED INFORMATION

Policy Number ID

Policy Effective Date 01/01/2020 Policy Expiration Date

CANCELLATION REASON

Cancel Reason Code J - Jurisdiction Wrong/Changed JCN - Related

Cancel Reason Narrative

Cancelling this for a good reason.