These I	These Filing Instructions summarize the MTC that must be filed to report a specific claim event and the filing due dates for that Claim Event				
<u>ID</u>	<u>Scenario</u>	<u>Description</u>		Filing Requirements	
			MTC	Due Date	
		Medical Only			
1	No Lost Time	The injured worker will require medical treatment beyond ordinary first aid or more than two treatments by a person rendering first aid as defined by §110(2) and NYCRR §300.22. This includes an occupational disease as defined by §2. There is lost time beyond the working day or shift on which the accident occurred as defined by §110(2) and §300.22.  Important: Statement of Rights Form C-430S to be sent to the claimant by Claim Administrator. If carrier has a Diagnostic Testing Network, Form DT-1 should also be sent to the claimant.	FROI 00	Within <b>18 days</b> after the disability event or within <b>10 days</b> after the employer has knowledge of the disability event, whichever period is the greater.	
		Initial Payments			

ID.	On a service	Description		Filing Deguinements
<u>ID</u>	<u>Scenario</u>	<u>Description</u>		Filing Requirements
			MTC	Due Date
2	Insurer Paid Lost Time	The injured worker has lost time beyond the working day or shift on which the accident (includes occupational disease) occurred as defined by §110(2) and benefits are paid by the Claim Administrator per §25(1)(c).  Important: Statement of Rights Form C-430S to be sent to the claimant by Claim Administrator. If carrier has a Diagnostic Testing Network, Form DT-1 should also be sent to the claimant.	FROI 00 + SROI IP	FROI 00: Within 18 days after the disability event or within 10 days after the employer has knowledge of the disability event, whichever period is the greater.  SROI IP: Within 18 days of the disability-event or within 10 days after the employer has knowledge of the disability event, whichever period is the greater.
3	Employer Paid Lost Time	The injured worker has lost time beyond the working day or shift on which the accident (includes occupational disease) occurred as defined by §110(2) and wages are paid by the Employer per §25(1)(c).  Important: Statement of Rights Form C-430S to be sent to the claimant by Claim Administrator. If carrier has a Diagnostic Testing Network, Form DT-1 should also be sent to the claimant.	FROI 00 + SROI EP	FROI 00: Within 18 days of the disability event or within 10 days after the employer has knowledge of the disability event, whichever period is the greater.  SROI EP: Within 18 days of the disability event or within 10 days after the employer has knowledge of the disability event whichever period is the greater.

101 tilat Giallii Evelit				
<u>ID</u>	<u>Scenario</u>	<u>Description</u>		Filing Requirements
			MTC	Due Date
4	Causally Related Death Beneficiary Investigation	The injured worker has died and the death is related to employment, but no payments are being made pending further beneficiary investigation.  Note: If death does not occur on the same day as accident, a FROI 00 needs to be filed for both the accident claim and the death claim.	FROI 00 + SROI CD	FROI 00: Within 18 days of the disability event or within 10 days after the employer has knowledge of the disability event, whichever period is the greater.  SROI CD: Within 18 days after Date of Death or within 10 days after the employer first has knowledge of the death, which period is the greater.
5	Causally Related Death	The injured worker has died and the death is related to employment. Benefits are being paid by the Claim Administrator.  Note: If death does not occur on the same day as accident, a FROI 00 needs to be filed for both the accident claim and the death claim.  Important: SROI-CD to be sent to claimant and claimant attorney(if any).	FROI 00 + SROI IP	FROI 00: Within 18 Days of the disability event or within 10 Days after the employer has knowledge of the disability event, whichever period is the greater.  SROI IP: Within 18 days after Date of Death or within 10 days after the employer first has knowledge of the death, which period is the greater.

These	These Filing Instructions summarize the MTC that must be filed to report a specific claim event and the filing due dates for that Claim Event				
<u>ID</u>	<u>Scenario</u>	<u>Description</u>	Filing Requirements		
			MTC	Due Date	
		Payment Changes			
6	Benefit Rate Changes	Notification of change in benefit rate based upon payroll information received by the Claim Administrator is required per NYCRR §300.23 or change in degree of disability for a partial disability.  Important: SROI-CA with supporting documentation to be sent to claimant and claimant attorney(if any).	SROI CA	Within <b>16 Days</b> of change in benefit rate	
7	Benefit Type Changes	Notification of change in benefit type based upon medical information received by the Claim Administrator is required per §300.23.  Important: SROI-CB with supporting documentation to be sent to claimant and claimant attorney(if any).	SROI CB	Within <b>16 Days</b> of change in benefit type	
<b>Denials</b>					
8	Full Denial of Claim	When the right to compensation is controverted by the Claim Administrator, as defined by §25(2)(a).  Important: FROI-04 to be sent to claimant, claimant attorney(if any), health providers and disability carrier.	FROI 04	Within <b>18 days</b> after the disability event or within <b>10 days</b> after the employer has knowledge of the disability event, whichever period is the greater.	

<u>ID</u>	<u>Scenario</u>	<u>Description</u>		Filing Requirements
			MTC	Due Date
9	Full Denial of Claim	When the right to compensation is controverted by the Claim Administrator, as defined by §25(2)(a) or §25(2)(b).  Important: SROI-04 to be sent to claimant, claimant attorney(if any), health providers and disability carrier.	FROI 00 + SROI 04	FROI 00: Within 18 days after disability event or within 10 days after the employer first has knowledge of the disability event, whichever period is the greater.  SROI 04: Within 18 days of the disability event or within 10 days after the employer first has knowledge of the disability event. If the case is indexed, the Claim Admininstrator will not waive (25[2][b]) defenses when the denial is filed within 25 days of the date of indexing.
10	Partial Denial	Denying indemnity in part, not medical per §300.22. The claim is not disputed and partial payment for lost time has begun. Medical will be paid by the Claim Administrator.  Note: Examples are unrelated condition and apportionment issue. Form C-8.1 must be used to deny medical.  Important: SROI-PD to be sent to claimant and claimant attorney(if any).	FROI 00 + SROI PD	FROI 00: Within 18 days after the disability event or within 10 days after the employer has knowledge of the disability event, whichever period is the greater.  SROI PD: Within 18 Days of the disability event or within 10 days after the employer first has knowledge of the disability event, whichever period is the greater.
		Suspensions		

<u>ID</u>	<u>Scenario</u>	<u>Description</u>	Filing Requirements	
			MTC	Due Date
11	Return to Work	A Claim Administrator has received notice of return to work by the injured worker as defined by §300.23 and §25(1)(b).  Important: SROI-S1 to be sent to claimant and claimant attorney(if any).	SROI S1	Within <b>16 days</b> after payments have been stopped
12	Medical Release for Return to Work	A Claim Administrator has medical evidence from the injured worker that the injured worker has no disability as defined by §300.23 and §25(1)(b).  Important: SROI-S1 to be sent to claimant and claimant attorney(if any).	SROI S1	Within <b>16 days</b> after payments have been stopped
13	Medically Qualified to Return to Work	A Claim Administrator making payments without waiting for an award of the Board has medical reports justifying the suspension of payments as defined by §300.23 and §25(1)(b).  Important: SROI-S1 with medical documentation to be sent to claimant and claimant attorney(if any).	SROI S1	Within <b>16 days</b> after payments have been stopped
14	Medical Non- Compliance	A Claim Administrator making payments without waiting for an award of the Board has not received medical evidence of disability from the claimant as required.  Important: SROI-S2 to be sent to claimant and claimant attorney(if any).	SROI S2	Within <b>16 days</b> after payments have been stopped

<u>ID</u>	<u>Scenario</u>	<u>Description</u>	Filing Requirements	
			MTC	Due Date
15	Claimant Failed to Attend an Independent Medical Exam	A Claim Administrator making payments has proof that the claimant has failed to attend two or more Independent Medical Examinations as defined by §19.  Important: SROI-S2 with supporting documentation to be sent to claimant and claimant attorney(if any).	SROI S2	Within <b>16 days</b> after payments have been stopped
16	Death of Claimant	A Claim Administrator making payments has received proof that an injured worker has passed away.  Important: SROI-S4 with supporting documentation to be sent to claimant and claimant attorney(if any).	SROI S4	Within <b>16 days</b> after payments have been stopped
17	Incarceration of Claimant	A Claim Administrator making payments has received proof that an injured worker is incarcerated as defined by §300.23.  Important: SROI-S5 with supporting documentation to be sent to claimant and claimant attorney(if any).	SROI S5	Within <b>16 days</b> after payments have been stopped

<u>ID</u>	<u>Scenario</u>	<u>Description</u>		Filing Requirements
			MTC	Due Date
18	Benefits Exhausted	Entitlement of the injured worker to benefits has been exhausted as defined by NYS WCL.  Note: Applies to end of schedule loss of use with future payments and end of permanent partial disability payments  Important: SROI-S7 to be sent with supporting documentation, when required, to claimant and claimant attorney(if any).	SROI S7	Within <b>16 days</b> after payments have been stopped
19	Board Ordered Suspension	A Claim Administrator making payments receives notice from the Board that payments to an injured worker are to be suspended.  Important: SROI-SD to be sent to claimant and claimant attorney(if any).	SROI SD	Within <b>16 days</b> after payments have been stopped
20	Claim Administrator Appeal	A Claim Administrator directed to make payments serves notice on the Board that payments to an injured worker will be suspended pending the outcome of an appeal.  Important: SROI-SJ and Form RB-89 to be sent to claimant and claimant attorney(if any). NOTE: RB-89 is due within 30 days after notice of filing of the decision of the WC Law Judge.	SROI SJ	Within <b>16 days</b> after payments have been stopped

for that Claim Event					
<u>ID</u>	<u>Scenario</u>	<u>Description</u>	Filing Requirements		
			MTC	Due Date	
21	Claim Administrator Judicial Review	A Claim Administrator making voluntary payments to an injured worker serves notice on the Board that payments will be suspended pending the outcome of a judicial review per §21(a).  Important: SROI-SJ to be sent to claimant and claimant attorney(if any).	SROI SJ	Within <b>5 Days</b> after payments have been stopped	
22	Claim Administrator Judicial Review	A Claim Administrator directed to make payments serves notice on the Board that payments to an injured worker will be suspended pending the outcome of a judicial review  Note: Claimant has finalized a 3rd Party Settlement  Important: SROI-SJ with supporting documentation to be sent to claimant and claimant attorney(if any).	SROI SJ	Within <b>16 days</b> after payments have been stopped	
	Reinstatements				

These Filing Instructions summarize the MTC that must be filed to report a specific claim event and the filing due dates for that Claim Event					
<u>ID</u>	<u>Scenario</u>	<u>Description</u>		Filing Requirements	
			MTC	Due Date	
23	Insurer Reinstatement	Benefits paid by the Claim Administrator for an injured worker are resumed.  Important: SROI-RB to be sent to claimant and claimant attorney(if any).	SROI RB	Within 18 days after payments have resumed	
24	Employer Reinstatement	Wages paid by the Employer for an injured worker are resumed.  Important: SROI-ER to be sent to claimant and claimant attorney(if any).	SROI ER	Within <b>16 days</b> after employer payments have resumed	
		Reduced Earnings			
25	Temporary Partial Gross Weekly Amount Changes	An injured worker has been released or returned to work and is receiving a reduced rate of pay. The gross weekly amount changes for temporary partial disability benefits.  Note: SROI RE is not to be sent when another SROI MTC would apply.  Important: SROI-RE with supporting documentation to be sent to claimant and claimant attorney(if any).	SROI RE	Within <b>16 Days</b> after change in benefit rate	
	Acquired Claims				

<u>ID</u>	<u>Scenario</u>	<u>Description</u>	Filing Requirements	
			MTC	Due Date
26	New Claim Administrator	A new Claim Administrator becomes responsible for a Claim	FROI AQ	Within <b>10 Days</b> after acquisition of claim
27	New Claim Administrator Pays Benefits	A new Claim Administrator makes payment of benefits to an injured worker.  Important: SROI-AP to be sent to claimant and claimant attorney(if any).	FROI AQ + SROI AP	FROI AQ: Within 10 days after the acquisition of the claim.  SROI AP: Within 16 days after payments are made by the new Claim Administrator.
28	No Match Found for Acquired Claim	A FROI AQ has been rejected by the Board because a matching claim could not be located.  Important:. When SROI AP is filed, SROI-AP to be sent to claimant and claimant attorney(if any).	FROI AU + SROI AP	FROI AU: Within 30 days after the rejection by the WCB of a FROI AQ.  SROI AP: Within 16 days after payments are made by the new Claim Administrator.

Within 16 Days after the payment is

made.

**SROIPY** 

These Filing Instructions summarize the MTC that must be filed to report a specific claim event and the filing due dates for that Claim Event Filing Requirements ID **Description Scenario MTC Due Date** A new Claim Administrator becomes responsible for a claim FROI AU: Within 10 days after the that has not been reported to the Board. acquisition of the claim. OR **FROI AU Unreported Claim** A new Claim Administrator is not aware that a FROI 00 or 29 SROI AP: Within 16 days after **Acquired** FROI UR was previously submitted for a claim. **SROI AP** payments are made by the new Claim Administrator. Important: When SROI AP is filed, SROI-AP to be sent to claimant and claimant attorney(if any). **Awards** Payments of compensation are made according to the terms of an award are payable within 10 days from the date decision duly filed per §25(3)(f). Important: SROI-PY to be sent to claimant and claimant attorney(if any).

Note: If a more appropriate MTC should be filed to note the Award that MTC

should be filed in place of the SROI-PY. For example, a WCLJ directed a Change in Benefit Type and the SROI-CB was sent in place of a SROI-PY as the SROI-CB was most appropriate per the NYS Event Table. An award made for an 8 week week period of lost time, send SROI-IP followed by a SROI-Sx.

**Payment of Awards** 

30

<u>ID</u>	<u>Scenario</u>	<u>Description</u>	Filing Requirements	
			MTC	Due Date
31	Lump Sum Payment/Schedule Loss of Use/Facial Disfigurment	The reporting of the payment to an injured worker after a §32 Waiver Agreement is approved by the Board or a Schedule Loss of Use or a Facial Disfigurment is awarded.  Note: SROI SD must also be filed, when a claimant is receiving weekly payments prior to the approval of a §32 Waiver Agreement.	SROI PY	Within <b>16 Days</b> after the payment is made.
32	Interest Due	Important: SROI-PY to be sent to claimant and claimant attorney(if any).  The reporting of Interest Due Important: SROI-PY to be sent to claimant and claimant attorney(if any).	SROI-PY	Within <b>10 Days</b> after the imposition of the penalty.
33	Payment of Penalties	The reporting of penalties that are paid to an injured worker.  Important: SROI-PY to be sent to claimant and claimant attorney(if any).	SROI PY	Within <b>10 Days</b> after the imposition of the penalty.

#### **Administrative**

<u>ID</u>	<u>Scenario</u>	<u>Description</u>	Filing Requirements	
			MTC	Due Date
34	Cancel Claim	A FROI 00 was sent to the Board in error and the Claim Administrator seeks to cancel the claim.  Note: If any MTC's other than FROI-00 have been accepted or other documents for this claim exist in the Electronic Case Folder, the FROI 01 will not be accepted. The Claim Administrator must submit Form RFA-2 to the Board.  Important: FROI-01 to be sent to claimant and claimant attorney(if any).	FROI 01	Immediately upon knowledge of the error
35	General Data Element Changes	One or more data elements of a previously sent FROI 00 or SROI MTC has changed or needs correction.  Note: See the NYS Element Requirement Table for more information on the submission of changes to data elements.	FROI 02 or SROI 02	Immediately upon knowledge of the change
36	Claim Type Code Changes	When the Claim Administrator has accepted the claim the DN0074 (Claim Type Code) must be updated to a code other than Notification of an Incident Only within 18 days of the accident or 10 days of knowledge for dates of accident prior to 1/1/2019. (Effective 1/1/2019 per the Event Table)	FROI 02	Immediately upon knowledge of the change

<u>ID</u>	<u>Scenario</u>	<u>Description</u>	Filing Requirements	
			MTC	Due Date
37	Agreement to Compensate Code Changes	When the Claim Administrator has accepted the claim the DN0075 (Agreement to Compensate Code) must be updated to With Liability within 18 days of the accident or 10 days of knowledge for dates of accident on or after 1/1/2019.  (Effective 1/1/2019 per the Event Table)	FROI 02	Imediately upon knowledge of the change
38	Agreement to Compensate Code Changes	When the Claim Administrator has accepted the claim after invoking their right to §21-a. The carrier must file a FROI/SROI-02 with the L designation.	FROI 02 or SROI 02	Immediately upon knowledge of the change
39	Payment Data Element Changes	One or more data elements that pertain to payments of a previously sent <b>SROI MTC</b> has changed or needs correction.  Note: SROI 02 is not to be sent, when another SROI MTC would apply.	SROI 02	Immediately upon knowledge of the change
Legacy Claims				

<u>ID</u>	<u>Scenario</u>	<u>Description</u>	<u>Filing Requirements</u>	
			МТС	Due Date
40	Legacy Claim Event	A Claim Event has occurred for an existing claim with no prior payments. This claim has been identified on an extract file as a Legacy Claim.  Note: SROI MTC must be filed for Claim Event as required by NYS Claims Event Table. If a claim was not in the Legacy File and there is continuing Medical and/or Indemnity a FROI-00 may be filed in lieu of the FROI-UR.	FROI UR  + SROI MTC  for Claim Event	FROI UR is due immediately upon occurrence of claim event
41	Legacy Claim Event and Prior Payments	A Claim Event has occurred for an existing claim with prior payments. This claim has been identified on an extract file as a Legacy Claim.  Note: SROI MTC must be filed for Claim Event as required by NYS Claims Event Table. If a claim was not in the Legacy File and there is continuing Medical and/or Indemnity a FROI-00 may be filed in lieu of the FROI-UR.	FROI UR  + SROI UR  + SROI MTC  for Claim Event	FROI UR and SROI UR are due immediately upon occurrence of claim event
42	Legacy Claim Event for Old or Unassigned Claim	A Claim Event has occurred for an existing claim with or without prior payments. This claim has not been identified on an extract file as a Legacy Claim, because the claim is old or no WCB Claim Number has been assigned.  Note: SROI MTC must be filed for Claim Event as required by NYS Claims Event Table.	FROI 00  + SROI UR  + SROI MTC  for Claim Event	FROI 00 is due immediately upon occurrence of claim event  SROI UR must be filed with FROI 00 if prior indemnity payments have been made

<u>ID</u>	<u>Scenario</u>	<u>Description</u>	Filing Requirements	
			MTC	Due Date
43	Sub-Annual Reports for Open Claims	If no resolution has been issued stating no further action or the claim has been Reopened after such a resolution has been issued, then the case is considered open.  Note: A final SROI SA is required after a case has been designated as No Further Action since the last periodic report. This final SROI SA is to be filed 180 days after the date of injury or 180 days after the last SROI SA that was sent  Note: If a SROI-SA is filed late, this does not extend the date due for the next SROI-SA reporting.	SROI SA	Initial SROI SA: 180 Days from date of injury; or if no date of injury is identified, then 180 Days from FROI filing  Subsequent SROI SA: Every 180  Days after initial SROI SA filing, until case is designated as No Further Action
44	Sub-Annual Reports for No Further Action Claims with ongoing indemnity benefits	If a resolution has been issued stating no further action and the Claim Administrator is paying ongoing indemnity benefits, SROI SA is to be filed 180 days after the date of injury or 180 days after the last SROI SA that was sent.  Note: If a SROI-SA is filed late, this does not extend the date due for the next SROI-SA reporting.	SROI SA	Initial SROI SA: 180 Days from date of injury; or if no date of injury is identified, then 180 Days from FROI filing  Subsequent SROI SA: Every 180  Days after initial SROI SA filing, until SROI MTC that suspends payments is filed