

State of New York  
**WORKERS' COMPENSATION BOARD**  
**SELF-INSURER'S STATEMENT OF OUTSTANDING DISABILITY CLAIMS**

Name of Self-Insurer \_\_\_\_\_

PLEASE TYPE

Report Valued as of: \_\_\_\_\_

W.C.B. Case Number	NAME OF INJURED (Last Name, First Initial)	Date of Accident	Weekly Comp. Rate	Describe injury and any complications. Give latest medical status, including return to work dates and degree of permanency estimated.	No. of Weeks of Disability Paid to Date	Year of Birth	Has Claimant Returned to Work (Y/N) & Date	*Reserve for Future Payments		For Board Use Only	
								Comp.	Medical	Comp.	Medical
COMPENSATION AND MEDICAL RESERVE PAGE TOTAL											

\*Reserve for which reimbursement is expected under Sec. 15 (8), an excess insurance contract, third party recovery, etc., should be included in this column.

I hereby affirm under penalty of perjury that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

\_\_\_\_\_  
**Signature of Company Officer of Self-Insurer**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Telephone No.**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Typed Name**

\_\_\_\_\_  
**Address (No.**

**Street**

**City**

**State**

**Zip)**

**(If more than one page is needed, complete affirmation on top of page only.)**

State of New York  
WORKERS' COMPENSATION BOARD

SELF-INSURER'S STATEMENT OF OUTSTANDING DISABILITY CLAIMS

Name of Self-Insurer \_\_\_\_\_

PLEASE TYPE

Report Valued as of: \_\_\_\_\_

W.C.B. Case Number	NAME OF INJURED (Last Name, First Initial)	Date of Accident	Weekly Comp. Rate	Describe injury and any complications. Give latest medical status, including return to work dates and degree of permanency estimated.	No. of Weeks of Disability Paid to Date	Year of Birth	Has Claimant Returned to Work (Y/N) & Date	*Reserve for Future Payments		For Board Use Only	
								Comp.	Medical	Comp.	Medical
COMPENSATION AND MEDICAL RESERVE PAGE TOTAL											

\*Reserve for which reimbursement is expected under Sec. 15 (8), an excess insurance contract, third party recovery, etc., should be included in this column.