

PRESCRIBED WORKERS' COMPENSATION BOARD FORMS

A-9 Notice that You May be Responsible for Medical Costs in the Event of Failure to Prosecute, or if Compensation Claim is Disallowed, or if Agreement Pursuant to Wcl §32 is Approved

ADR-1 Alternative Dispute Resolution Program Report of Injury

ADR-1.1 Modification of Previous Report

ADR-105 Notice of Compliance

ADR-2 Alternative Dispute Resolution Program Final Disposition on Settlement of Claim.

AFF-1 Affidavit for Death Benefits

AFF-2 Affidavit for Death Benefits (Dependent Brothers/Sisters/Grandchildren)

AFF-3 Affidavit for Death Benefits (Dependent Parents/Grandparents)

BP-1 Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1,2,3 or 4 Family, Owner-Occupied Residence

C-100 Application for License for a Medical Bureau

C-100.1 Application for License for a Laboratory

C-100.2 Application of a Voluntary Hospital for X-Ray Laboratory or X-Ray Bureau License

C-100.3 Application for Renewal of License to Operate a Medical Bureau Under the WCL

C-100.4 Application of a Voluntary Hospital for Renewal of License to Operate an X-Ray Bureau or Laboratory

C-100.5 Application for Renewal of License to Operate a Laboratory Under WCL

C-105 Notice of Compliance - Workers' Compensation Law

C-105.1 Notice to Be Posted by Employers Under WCL for Automotive or Horse-Drawn Vehicles

C-105.2 Application for Certificate of Workers' Compensation Insurance

C-105.3 Notice of Election of an Incorporated Religious, Charitable, Educational or U.S. War Veteran Organization to Bring Executive Officers Under the Coverage of the WCL

C-105.10 Gummed Label for Use with Form C-105 Upon Renewal of Policy

C-105.31 Notice of Election of a Municipal Corporation or Other Political Subdivision of the State to Bring Executive Officers Under Coverage of the WCL

C-105.32 Notice of Election of a Partnership or Sole-Proprietorship to Bring Partners or Self-Employed Persons Under the Coverage of the WCL

C-105.3SI Notice of Election of a Self-Insured Religious, Charitable or Educational (S.I.) Corporation to Bring Executive Officers Under the Coverage of the WCL

C-105.4 Revocation of Election of an Incorporated Religious, Charitable, Educational or U. S. War Veterans Organization to Bring Executive Officers Under the Coverage of the WCL

C-105.41 Revocation of Election of a Municipal Corporation or Other Political Subdivision of the State to Bring Executive Officers Under the Coverage of the WCL

PRESCRIBED WORKERS' COMPENSATION BOARD FORMS

- C-105.4SI Revocation of Election of a Self-Insured Religious, Charitable or Educational (S.I.) Corporation to Bring Executive Officers Under the Coverage of the WCL
- C-105.51 Notice of Election to Exclude the Sole Shareholder Officer or Two Executive Officers of the Corporation from Compensation Coverage
- C-105.52 Notice of Election of a Not-For-Profit Corporation or a Not-For-Profit Unincorporated Association to Exclude an Unsalariated Executive Officer From Coverage Pursuant to Sec. 54, Subd. 6
- C-105.53 Revocation of Election of a Not-For-Profit Corporation or Not-For-Profit Unincorporated Association to Exclude an Unsalariated Executive Officer From Coverage Pursuant Sec. 54 Sub. 6
- C-105.54 Notice of Election to Bring Sheltered Workshop Participants Under Workers' Compensation Law
- C-105.55 Revocation of Election to Exclude Corporate Officers from Compensation Coverage
- C-106 Notice of Resolution Adopted by the Board of Fire Commissioners of a Fire District Elec. Pursuant to Sec. 54, Subd. 6a of the WCL Not to Provide WC Coverage For Officers & Employees
- C-11 Employer's Report of Injured Employee's Change in Employment Status/Notice of Return to Work
- C-121 Claim for Compensation and Notice of Commencement of Third Party Action
- C-121.2 Notice of Satisfaction of Workers' Compensation Lien from Third Party Recovery Under Sec. 29, Subd. 1&2
- C-2 Employer's Report of Work Related Injury/Illness
- C-21 Application for Lump Sum Payment
- C-22 Application for Approval of Non-Schedule Adjustment
- C-240 Employer's Statement of Wage Earnings Preceding the Date of Accident
- C-25 Application for Reopening of Claim More Than Seven Years After Accident
- C-250 Notice of Claim for Reimbursement Out of the Special DB Fund Under Section 15-8
- C-251 Carrier's Request for Reimbursement of Compensation Payments Under Section 15-8
- C-251.1 Carrier's Request for Reimbursement of Medical Expenses Under Section 15-8
- C-251.2 Carrier's Request for Reimbursement of Compensation Payments Under Section 14(6) Concurrent Employment
- C-251.3 Notice of Right to Reimbursement of Compensation Payments Under Section 14(6) & Section 15(8)
- C-256 Claim for Reimbursement of Excess Benefits Paid Under a Welfare, Pension or Benefit Plan
- C-257 Claimant's Record of Medical and Travel Expenses
- C-256.1 N.Y. State Employees Retirement System Claim for Reimbursement
- C-256.2 State Insurance Fund - Claim for Reimbursement of Wages Paid to State Employee
- C-27 Medical Proof of Change in Condition in Support of Application for Reopening of Claim for Workers' Compensation
- C-3 Employee's Claim
- C-3S Employee's Claim (Spanish Version)

PRESCRIBED WORKERS' COMPENSATION BOARD FORMS

C-3.1 Notice of Consent to Utilize An Employer or Carrier Recommended Network or Health Care Provider

C-3.3 Limited Release of Health Information (HIPAA)

C-300.34 Statement of Unresolved Issues - Special Part for Expedited Hearings

C-300.5 Stipulation

C-32 Settlement Agreement - Section 32

C-32.1 Section 32 Settlement Agreement - Claimant Release

C-34 Red Seal Notice (used by Labor Department)

C-4 Doctor's Initial Report

C-4AUTH Attending Doctor's Request for Authorization and Carrier's Response

C-4.1 Continuation to Carrier/Employer Billing Portion of Form C-4

C-4.2 Doctor's Progress Report

C-4.3 Doctor's Report of MMI/Permanent Impairment

C-430S Statement of Rights (English/Spanish)

C-4VR Vocational Rehabilitation Assessment

C-5 Attending Ophthalmologist's Supplementary Report

C-62 Claim for Compensation in Death Case

C-64 Proof of Death by Physician Last in Attendance on Deceased

C-65 Proof of Burial and Funeral Expenses by Undertaker

C-669 Notice to Chair of Carrier's Action on Claim for Benefits

C-7 Notice That Right to Compensation Is Controverted

C-72.1 Record of Percentage Hearing Loss

C-8.1 Notice of Treatment Issue(s) /Disputed Bill

C-8/C-8.6 Notice to Chair That Payment of Compensation Has Been Stopped or Modified

C-8.4 Notice to Health Care Provider and Injured Worker of a Carrier's Refusal to Pay All (or a Portion of) a Medical Bill Due to Valuation Objection(s)

CB-11 Claimant's Guide to the Conciliation Process

CB-11S Claimants Guide to the Conciliation Process (Spanish Version)

CE-200 Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

DB-102 Information for Employer Regarding Disability Benefits Law

DB-118 Employer's Statement for the Purpose of Terminating Status as a Covered Employer

PRESCRIBED WORKERS' COMPENSATION BOARD FORMS

DB-120 Notice of Compliance - Disability Benefits Law

DB-120.1 Employer's Application for Certificate of DB Insurance

DB-125 Employer Identification Card

DB-130 Employee's Statement of Exempt Status (Under Sec. 235 of the DB Law)

DB-135 Employer's Application for Voluntary Coverage (Employee Contribution Not Required)

DB-136 Employer's Application for Voluntary Coverage (Employee Contribution Required)

DB-150 Application for Self-Insurance

DB-152 Disability Benefits Law - Agreement and Undertaking for Paying Benefits as a Self-Insurer

DB-155 Compliance with Disability Benefits Law (for Board-approved self-insured employers only)

DB-159.1 Notice of Termination of Employer's Participation in Self-Insured Association, Union or Trustees Plan

DB-165 Self-Insurer's Annual Financial Statement – DBL

DB-179 Self-Insurer's Bond – DBL

DB-179.1 Rider Changing Sum of Self-Insurer's Bond

DB-179.2 Rider for Change in Corporate Name of Self-Insurer

DB-212.3 Notice of Election to Exclude the Sole Shareholder-Officer of the Corporation from DB Coverage

DB-212.5 Notice of Election to Voluntarily Exclude Spouse From Coverage

DB-271S DB Statement of Rights

DB-300 Notice and Proof of Claim for Disability Benefits of Unemployed Claimant

DB-381.3 Notice of Satisfaction of Disability Benefits Lien From Third Party Recovery Under Sec. 227, Subds. 1 & 2

DB-450 Notice and Proof of Claim for Disability Benefits

DB-450 Spanish Information Sheet

DB-450.5 Practitioner's Statement

DB-451 Notice of Total or Partial Rejection of Claim for DB

DB-455 Notice of Disability Benefit Payments

DB-470 Preliminary Claim for Reimbursement of Benefits Paid Under the DBL

DB-680 Insurance Carrier's Report of Claims, Benefits, Employees and Covered Payrolls

DB-680.1 Employer's Report of Excess Dividends or Rate Credits

DB-681 Self-Insurer's Report of Claims, Benefits, Employees, Contributions and Covered Payrolls

DB-681.1 Self-Insurer's Report of Excess Employee Contributions

DB-791 Tables of Permanent Contributions

PRESCRIBED WORKERS' COMPENSATION BOARD FORMS

DB-800 DBL - Employer Providing Disability Benefits (Application and Agreement)

DB-801 Plan of an Association of Employers or Employees, Union or Trustees Providing Disability Benefits (Application and Agreement)

DB-802 D.B.L. - Employer's Application to Have Association, Union or Trustee Plan Accepted as Employer's Plan

DB-820.1 Supplement to Certificate of Insurance (Schedule of Benefits and Contributions)

DB-820.3 Certificate of Insurance - in Behalf of Association, Union or Trustees

DB-820/829 Certificate/Cancellation of Insurance

DB-829.3 Notice of Cancellation of Contract of Insurance For Association, Union or Trustees

DB-840 Carrier's Designation of Authorized Representatives

DB-850 Application for Acceptance of Insurance Form

DC-120 Discharge or Discrimination Complaint

DD-1 Direct Deposit of Benefit Authorization Form

DD-2 Biannual Recertification to Entitlement to Benefits

FCE-4 Practitioner's Report of Functional Capacity Evaluation

GSI-1(MC) Application for Municipal Corp. Group Self-Insurance

GSI-1 Application for Group Self-Insurance

GSI-1.1 Application for Participation in Group Self-Insurance Plan and Employer's Report of Payroll & Loss Experience

GSI-105.2 Certificate of Participation in Workers' Compensation Group Self-Insurance

GSI-3 Agreement and Undertaking of Employer Group As a Self-Insurer

GSI-3.1 Notice of Termination of Employer's Participation in Group Self-Insurance Plan

HIMP-1 Health Insurer's Request For Reimbursement

HIPAA-1 Claimant's Authorization to Disclose Health Information (Pursuant to HIPAA)

HP-J1 Provider's Request for Judgment of Award (WCL 54-b)

HP-1 Health Provider's Request for Decision on Unpaid Medical Bill(s)

HP-4 Notice to Chair: Health Provider's and Insurer's Withdrawal of Request for Arbitration

IG-1 Fraud Complaint

IG-2 Employer Fraud Referral Form

IME-3 Practitioner's Report of Request for Information/Response to Request for Information Regarding Independent Medical Examination

IME-4 Practitioner's Report of Independent Medical Examination

PRESCRIBED WORKERS' COMPENSATION BOARD FORMS

IME-5 Claimant's Notice of Independent Medical Examination

IME-7 Statement of Registration, Section 13-n WCL

MD-1 Attending Doctor's Request for Medical Authorization

MD-3 Carrier/Self-Insurer's Objection to Attending Doctor's Request for Medical Authorization Determination

MR-500 Application for License Under Sec. 13-c, Subd. 3

MR-500.1 Agreement of Medical Center Jointly Operated by Labor and Management Representatives

MR-501 Application for License for a Hospital or HMO

MR-54 Notice of Claim for Payment of Medical Bill to Which Carrier Has Not Objected

MR/IME-1 Health Provider's Application for Rating Under the WCB

MR/IME-6 Transmittal Letter: Certificate of Authorization

OC-110A Claimant's Authorization to Disclose Workers' Compensation Records

OC-110AS Claimant's Authorization to Disclose Workers' Compensation Records (Spanish version)

OC-400 Notice of Retainer and Appearance

OC-400.1 Attorney/Licensed Representative's Application for Fee

OC-401.1 Application for Representative's License with Fee to Appear on Behalf of Claimants

OC-401.1R Renewal Application Under Sec. 24-a

OC-403.1 Application for License to Appear on Behalf of or Represent Self-Insurer

OC-403.1R Renewel of Application for License to Appear on Behalf of or Represent Self-Insurer

OC-403.2 Application by Employee of S.I. Representative to Appear Before the Board

OC-403.2R Renewel of Application of Licensed Employer Under Section 50-3B or 3D

OC-406 Notice of Retainer and Appearance on Behalf of Employer

OC-407 Self-Insurers' Representative's Bond

OC-408 Licensed Representative's Disclosure of Conflict of Interest

OC-409 Initial Application to Take License Representative's Exam

OC-923 Important Information for Employers Operating in New York State

OT/PT-4 Occupational/Physical Therapist's Report

PH-16.2 Pre-Hearing Conference Statement

PS-4 Psychologist's Report

R Carrier's Report on Rehabilitation

RB-679 Notice of Carrier's Action on Application For Reopening

PRESCRIBED WORKERS' COMPENSATION BOARD FORMS

RB-8 Request for Reimbursement and Certificate of Accuracy (Form C-8/8.6)

RB-8.1 Request for Reimbursement and Certificate of Accuracy (Uninsured Employer's Fund)

RB-8.2 Request for Reimbursement and Certificate of Accuracy (Uninsured Employer's Fund)

RB-89 Cover Sheet - Application for Board Review

RB-89.1 Cover Sheet - Rebuttal of Application For Board Review

RFA-1 Claimant' Request for Further Action

RFA-2 Carrier's Request for Further Action

SI-1 Application for Self-Insurance

SI-12 Affidavit Certifying that Compensation Has Been Secured (Board-approved self-insurer only)

SI-15 Agreement of Parent and Subsidiary Corporations for Consolidated Deposits

SI-15.1 Resolution of the Board of a Self-Insured Corporation Regarding Consolidated Deposit (Subsidiary Corporation)

SI-15.2 Agreement of Consolidation of Deposits of Corporation and Inactive Subsidiary Corporations

SI-15.3 Resolution of the Board of Directors of Corporation Regarding Consolidation of Deposits (Inactive Corp.)

SI-15.4 Agreement for Consolidation of Deposits of Corporation and Inactive Subsidiary or Predecessor Corporation

SI-15.5 Resolution of the Board of Directors of Predecessor Corporation

SI-15.6 Agreement for Payment of Workers' Compensation Liability

SI-22 Certificate of Excess Carrier Evidencing Payment of Claims Under Excess Contract

SI-26 Notice of Election by a Political Subdivision or Fire District to Secure Compensation as a Self-Insurer

SI-3 Agreement of Self-Insurer

SI-6 Self-Insurer's Report of Payroll for All Operations

SI-8 Self-Insurer's Surety Bond - WC Law

SI-8.1 Rider Changing Aggregate Sum of Surety Bond

VAW-1 Notice to Liable Political Subdivision or Ambulance Service of Volunteer Ambulance Worker's Injury or Death

VAW-105 Notice of Compliance with Volunteer Ambulance Workers' Benefit Law

VAW-2 Political Subdivision's or Unaffiliated Ambulance Service's Report of Injury to Volunteer Worker

VAW-3 Volunteer Ambulance Worker's Claim for Benefits

VAW-62 Claim for Volunteer Ambulance Workers' Benefit in Death Case

VAW-501 Volunteer Ambulance Workers Benefit Rates (Death Benefits)

VF-1 Notice to Liable Political Subdivision of Volunteer Firefighter Injury or Death

PRESCRIBED WORKERS' COMPENSATION BOARD FORMS

VF-105 Notice of Compliance With Volunteer Firefighters' Benefits Law

VF-2 Political Subdivision's Report of Injury to Volunteer Firefighter

VF-3 Volunteer Firefighter Claim for Benefits

VF-62 Claim for Volunteer Firefighter Benefit in Death Case

VF-501 Volunteer Firefighter Benefit Rates (Death Benefits)

VF/VAW-10 Carrier's Request for Benefit Increase Reimbursement Under Section 51-2, VFBL/VAWBL

VF/VAW-11C Volunteer's Notification of Executive Officer of Fire/Ambulance Company of Significant Risk of
Transmission of HIV

WTC-12 Registration of Participation in World Trade Center Rescue, Recovery and/or Clean-Up Operations

WTC-16 Cover Sheet: List of Itemized Medical Bills in Controverted World Trade Center Case

WTCVol-3 World Trade Center Volunteer's Claim for Compensation