NEW YORK STATE | Workers' Compensation Board

COVER SHEET
APPLICATION FOR VOLUNTARY BINDING REVIEW

1. WCB Case Number(s)	2. Carrier Case Number(s)	3. Carrier Code	4. Date of Injury	5. Claimant's Telephone

6. Claimant's Name	7. Claimant's Address

8. Employer(s) Name	9. Carrier(s) Name

TO THE APPLICANT: This form is the method by which represented parties to a claim notify the Board of interest in participating in the Board's Voluntary Binding Review (VBR) process for reviewing a decision filed by a workers' compensation law judge. If the Board finds that the VBR process is an appropriate means to resolve the dispute, it will notify the parties. The next step is to complete a form VBR-2, Parameters of Acceptance Agreement, and to file the agreement with the Board, pursuant to 12 NYCRR 300.36[d]. The Chair's designee will then review the agreement, and if approved, issue a proposed decision. If the agreement is subsequently finalized, the Chair's designee will then render a determination of compensation, which will be binding on the parties. Filing of this form does not serve as a substitute or extension of time to file an application for review.

This application is being made pursuant to Section 32 of the Workers' Compensation Law (WCL) and 12 NYCRR 300.36. This is not an application for review made pursuant to WCL Section 23 and 12 NYCRR 300.13.

This application must be filed with the Board by eFax (518-402-7115), email (vbrform@wcb.ny.gov), or Web Upload (https://wcbdoc.xrxfs.com/login.aspx). A copy of this application must be served on all parties of interest. Failure to supply all information requested by this form may result in denial of the application.

10. This application is made on behalf of (check both Claimant and Employer/Carrier if this application is being submitted jointly by both parties):
    ☐ Claimant ☐ Employer/Carrier _____ (name)
    ☐ Special Funds ☐ Attorney/Licensed Representative

11. The filing date of the decision which is the subject of this application is: _____

12. A complete Application for Board Review (Form RB-89) must be properly filed, in accordance with the procedures for filing an application for review with the Board, prior to, or simultaneously with, the filing of this Application for Voluntary Binding Review.
    Has an RB-89 been submitted? ☐ Yes, simultaneously, with the filing of this Application. ☐ Yes, prior to the filing of this Application.

13. Are Parameters of Acceptance included with this application? ☐ Yes ☐ No

14a. Specify the issue(s) for review:

☐ Apportionment	☐ Disability Benefits	☐ Reduced Earnings
☐ Average Weekly Wage	☐ Penalty	☐ Reimbursement
☐ Death Benefits	☐ Period of Disability	☐ Schedule Loss of Use
☐ Degree of Disability	☐ Classification	

14b. Please provide a description of the issue(s), including prior findings:

14c. Please indicate if there are other issues raised on appeal beyond the monetary issues identified above that will be resolved in the Parameters of Acceptance Agreement.

Certification: By signing this document in the space provided below, I certify that this application has a good faith basis in law and fact, has been instituted with reasonable grounds, and has been served upon all parties. I understand that the Workers' Compensation Law provides for substantial penalties for instituting or continuing proceedings without reasonable grounds and/or for the purpose of delay. I understand that if this application is withdrawn for any reason or if any of the issues raised are resolved by the parties, I must immediately notify the Board and the parties served in writing.

Signature of Person Preparing Form _____ Date: __ / __ / ____

Print Name _____ Title _____ Phone Number (include area code) _____

Address _____

Certification: By signing this document in the space provided below, I certify that this application has a good faith basis in law and fact, has been instituted with reasonable grounds, and has been served upon all parties. I understand that the Workers' Compensation Law provides for substantial penalties for instituting or continuing proceedings without reasonable grounds and/or for the purpose of delay. I understand that if this application is withdrawn for any reason or if any of the issues raised are resolved by the parties, I must immediately notify the Board and the parties served in writing.

Signature of Other Party (joint return) _____ Date: __ / __ / ____

Print Name _____ Title _____ Phone Number (include area code) _____

Address _____

Certification: By signing this document in the space provided below, I certify that this application has a good faith basis in law and fact, has been instituted with reasonable grounds, and has been served upon all parties. I understand that the Workers' Compensation Law provides for substantial penalties for instituting or continuing proceedings without reasonable grounds and/or for the purpose of delay. I understand that if this application is withdrawn for any reason or if any of the issues raised are resolved by the parties, I must immediately notify the Board and the parties served in writing.

Signature of Other Party (joint return) _____ Date: __ / __ / ____

Print Name _____ Title _____ Phone Number (include area code) _____

Address _____

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

Instructions for Completing Form VBR-1

TO THE APPLICANT: This form is the method by which represented parties to a claim notify the Board of interest in participating in the Board's Voluntary Binding Review (VBR) process for reviewing a decision filed by a workers' compensation law judge. If the Board finds that the VBR process is an appropriate means to resolve the dispute, it will notify the parties. The next step is to complete a form VBR-2, Parameters of Acceptance Agreement, and to file the agreement with the Board, pursuant to 12 NYCRR 300.36[d]. The Chair's designee will then review the agreement and, if approved, issue a proposed decision. If the agreement is subsequently finalized, the Chair's designee will then render a determination of compensation, which will be binding on the parties. Filing of this form does not serve as a substitute or extension of time to file an application for review.

An application for VBR is deemed filed with the Board on the date of actual receipt of such application by the Board via email (vbrform@wcb.ny.gov), eFax (518-402-7115) or Web Upload (https://wcbdoc.xrxfs.com/login.aspx).

1. WCB Case Number(s): Enter the WCB Case Number(s) of the claim(s) for which VBR is being sought.

2. Carrier Case Number(s): Enter the Carrier Case Number(s) of the claim(s) for which VBR is being sought.

3. Carrier Code: Enter the Carrier Code of the insurer for the claim for which VBR is being sought.

4. Date of Injury: Enter the original date that the injury occurred.

5. Claimant's Telephone: Enter the Claimant's telephone number, including area code.

6. Claimant's Name: Enter the complete name of the injured employee.

7. Claimant's Address: Enter the street address, city, state and ZIP code of the injured employee and mailing address.

8. Employer Name: Enter the name of the Employer(s) for the claim for which VBR is being sought.

9. Carrier Name: Enter the name of the Carrier(s) for the claim for which VBR is being sought.

10. Party Requesting Voluntary Binding Review: Indicate which party is requesting Voluntary Binding Review.

11. Date of Decision: Enter the date of the decision that addressed the issue(s) for which Voluntary Binding Review is being sought.

12. Application for Review: Indicate whether the corresponding application for review was filed prior to the filing of the application for voluntary Binding Review or was filed simultaneously with the application for Voluntary Binding Review. **NOTE**: Applications for review which are filed simultaneously with the application for Voluntary Binding Review must be properly filed in accordance with the procedures for filing an application for review with the Board. **A copy of the properly filed RB-89 must be submitted with the application for Voluntary Binding Review**. The submission of an application for review, along with the application for Voluntary Binding Review, does not constitute proper filing of an application for review with the Board.

13. Parameters of Acceptance: Indicate whether you are including an executed Parameters of Acceptance Agreement with your Application for Voluntary Binding Review.

14. (a) Specify the Issue(s) for Review: Using the options provided, please place a check in the box next to the issue(s) for which you are seeking review.

(b) Description of the Issue(s): Provide a brief statement of the particular grounds upon which the application is being made, including the prior findings.

(c) Additional Issue(s): Please indicate if there were any other issues raised in the corresponding application for review, in addition to the monetary issue(s) identified above, which will be resolved in the Parameters of Acceptance Agreement. such additional issues will be resolved via waiver of such issues in the Parameters of Acceptance Agreement.

15. Certification: The preparer must sign and date the form (also providing their name, title, telephone number and address) certifying to the application's good faith basis in law and in fact, that it has been instituted with reasonable grounds, and has been served upon the appropriate parties.

For questions or additional information, email vbr@wcb.ny.gov