

State of New York  
WORKERS' COMPENSATION BOARD

VF/VAW ADJUSTMENTS

INSURER'S REQUEST FOR BENEFIT INCREASE REIMBURSEMENT UNDER SECTION 51  
VOLUNTEER FIREFIGHTERS' & VOLUNTEER AMBULANCE WORKERS' BENEFIT LAWS

WCB Case No. \_\_\_\_\_ Claim Admin Claim Number \_\_\_\_\_ Insurer ID W# \_\_\_\_\_

Claimant \_\_\_\_\_ Social Sec. No. \_\_\_\_\_

Insurer \_\_\_\_\_  Vol. Fire Claim  Vol. Ambulance Claim

Insurer Address \_\_\_\_\_

Original weekly benefit rate in this claim: \$ \_\_\_\_\_ Increased benefit rate effective Jan. 1, 1999: \$ \_\_\_\_\_

Original weekly benefit rate in this claim: \$ \_\_\_\_\_ Increased benefit rate effective July 27, 2004: \$ \_\_\_\_\_ (VAW ONLY)

Original weekly benefit rate in this claim: \$ \_\_\_\_\_ Increased benefit rate effective Jan. 2, 2006: \$ \_\_\_\_\_

Insurer requests reimbursement for benefits paid, as follows:

A. Compensation/Death Benefits

\_\_\_\_\_ Weeks from \_\_\_\_\_ To \_\_\_\_\_ at \$ \_\_\_\_\_ /wk \$ \_\_\_\_\_

\_\_\_\_\_ Weeks from \_\_\_\_\_ To \_\_\_\_\_ at \$ \_\_\_\_\_ /wk \$ \_\_\_\_\_

\_\_\_\_\_ Weeks from \_\_\_\_\_ To \_\_\_\_\_ at \$ \_\_\_\_\_ /wk \$ \_\_\_\_\_

B. Lump Sum ..... \$ \_\_\_\_\_

C. Re-marriage Award ..... \$ \_\_\_\_\_

**TOTAL OF THIS CLAIM FOR REIMBURSEMENT** \$ \_\_\_\_\_

1. Does this represent an initial request for reimbursement in this claim?  Yes  No

2. If this is the initial request for reimbursement, or re-marriage award, you must attach the following:

a. A copy of the Notice of Decision establishing the classification and benefit rate or award.

b. A copy of SROI-02 verifying the rate change.

INSURER STATEMENT

I hereby certify that this request for reimbursement made to the Chair of the Workers' Compensation Board is true and correct; that no part thereof has been previously paid and that the amount stated therein is due and owing.

By (Print or Type): \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Phone No. \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS:**

1. Claims for compensation reimbursement should be submitted for 52-week periods.
2. Send your request along with any required documentation to [SpecialFunds@wcb.ny.gov](mailto:SpecialFunds@wcb.ny.gov).
3. Retain one copy for your records.