



Workers'
Compensation
Board

RFA-2 ELECTRONIC SUBMISSION MANDATE

eFORM TRAINING WEBINAR

MARCH 2026

AGENDA

- 1 Overview
- 2 *RFA-2* eForm Submission
- 3 Frequently Asked Questions
- 4 Resources
- 5 Questions





OVERVIEW

OVERVIEW

On February 17, 2026, Subject Number 046-1800 announced the electronic submission mandate for the *Request for Further Action by Insurer/Employer (Form RFA-2)*

The mandate goes into effect March 20, 2026, with the following submission options:



eForms Web App

Users submit eForm
via eCase



eForm REST API

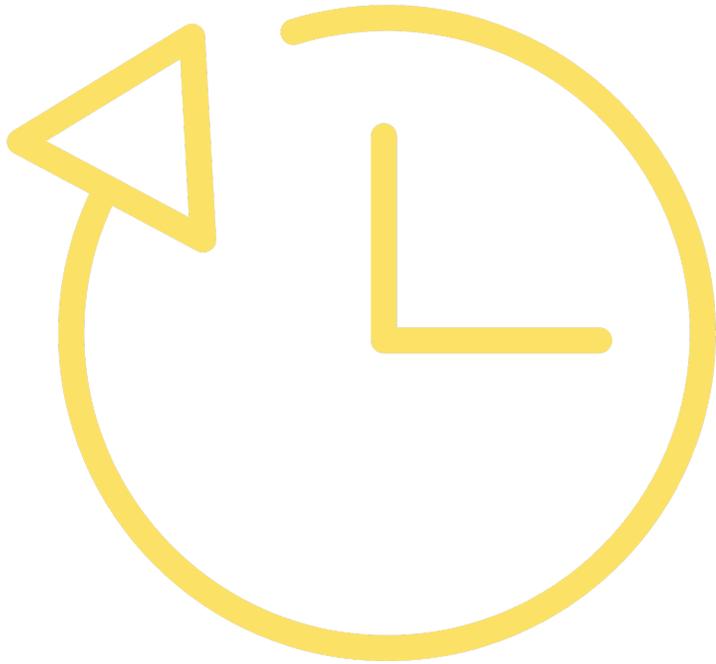
Organizations can submit
electronically using
our REST API



sFTP Process

Organizations can use our
file-based sFTP to submit
multiple *RFA-2* transactions
in a single XML file

BENEFITS OF ELECTRONIC SUBMISSION



- Greater efficiency, faster processing
- Improved user experience via guided form submission
- Instant feedback on submissions and immediate placement into eCase folder

PAPER VS. ELECTRONIC SUBMISSION

PAPER

8 DAYS

Mailing, scanning, assignment to Board personnel

20% of requests returned for resubmission

Manual review for reassignment

10 SECONDS

Viewable in eCase and assigned to Board personnel

Data quality controls ensure submissions are accurate

Automated assignments to Board personnel

ELECTRONIC



***RFA-2* eForm Submission**

Submission options and full instructions:

wcb.ny.gov/onboard/eforms

WHO CAN FILE

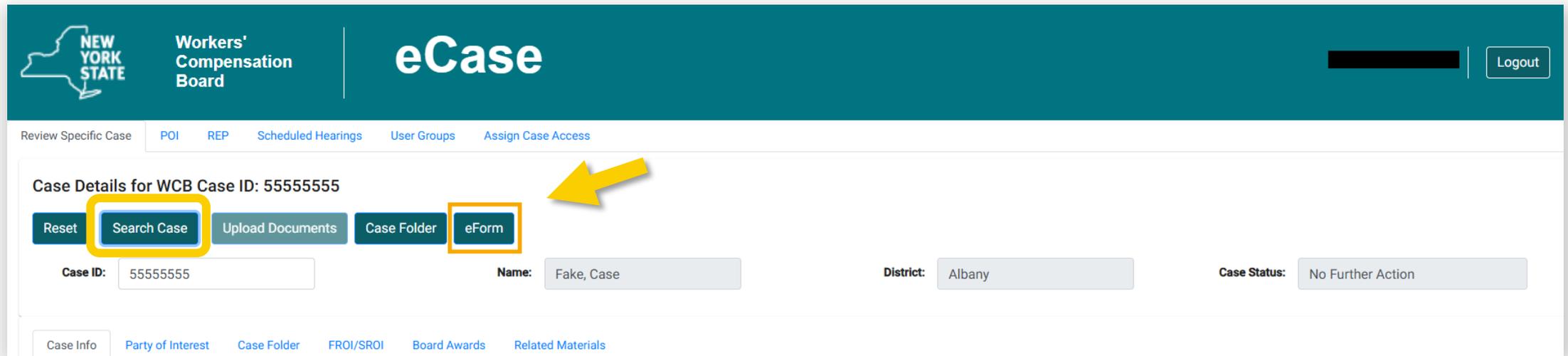
- **Any payer(s) on notice will have access to the eForm button to file the *RFA-2*. This includes:**
 - Insurers or Self-Insured Employers (W-number)
 - Third Party Administrators (T-Number)
- **It is imperative that third party administrators file a FROI to be placed on notice.**

WHO CAN FILE

- **Carrier attorneys and representatives can only file eForm *RFA-2* if the carrier's eCase administrator places the attorney on notice.**
- **Granting “view” access to a case within eCase does not grant a party access to file eForm *RFA-2*.**
- **Users within your eCase organization, including in-house counsel, do not need a separate account to use the eForm button.**

eFORM BUTTON

Users will log into eCase, input a Case ID, and select **Search Case**. Once the search is complete and the case information is successfully displayed, the **eForm** button will appear.



The screenshot displays the eCase interface for the Workers' Compensation Board of New York State. The header includes the logo and the text "Workers' Compensation Board" and "eCase". A "Logout" button is visible in the top right corner. Below the header, there are navigation tabs: "Review Specific Case", "POI", "REP", "Scheduled Hearings", "User Groups", and "Assign Case Access". The main content area shows "Case Details for WCB Case ID: 55555555". A row of buttons includes "Reset", "Search Case", "Upload Documents", "Case Folder", and "eForm". The "Search Case" button is highlighted with a yellow box, and a yellow arrow points to the "eForm" button. Below the buttons, there are input fields for "Case ID" (55555555), "Name" (Fake, Case), "District" (Albany), and "Case Status" (No Further Action). At the bottom, there are more navigation tabs: "Case Info", "Party of Interest", "Case Folder", "FROI/SROI", "Board Awards", and "Related Materials".

LANDING PAGE

After selecting the eForm button, users will be taken to the eForm landing page.

WCB Case ID: **55555555** Claimant Name: **Case Fake** Date of Injury (DOI): **01/01/2020** Date of Birth (DOB): **01/02/1963**

Select a form to submit For follow-up on a submitted eForm: [Contact WCB Claims](#)

10 entries per page Search:

eForm	Status	Last Saved Date	User	Submission ID	Submission Date	Document ID	Medium
RFA-2	Submitted	01/30/2026, 01:01:15 PM	[REDACTED]	86672	01/30/2026, 01:01:15 PM	4005544061	WEB
RFA-2	Submitted	01/30/2026, 12:58:17 PM	[REDACTED]	86671	01/30/2026, 12:58:17 PM	4005544060	WEB
RFA-2	Submitted	01/30/2026, 12:55:28 PM	[REDACTED]	86670	01/30/2026, 12:55:28 PM	4005544059	WEB

Showing 1 to 3 of 3 entries « Previous **1** Next »

REQUEST REASONS

There are three request reason categories:

- Compensation
- Medical
- Other

Select a request reason. Additional reason(s) may be added later in the eForm.*

▼ Compensation

- Payments directed by the Board should be suspended pursuant to §300.23(b)
- Payments directed by the Board should be reduced pursuant to §300.23(b)
- Insurer requests to apply overpayment to ongoing payments
- Payments should begin or be modified based on reduced earnings

▼ Medical

- Claimant is at maximum medical improvement and a medical report on permanency has been filed
- Opioid weaning under Non-Acute Pain Guidelines
- Insurer requests apportionment finding for medical treatment

▼ Other

- Employer is requesting reimbursement
- Insurer raising labor market attachment
- Request disqualification pursuant to §114-a
- Insurer seeks desk review of Special Funds Group (SFG) reimbursement decision Form C-251.6R
- Claimant has discontinued or settled a lawsuit pertaining to the accident/injury of this claim
- Insurer withdraws appeal
- Unresolved issues related to a death case

REQUEST REASONS (cont'd)

Example

Select a request reason. Additional reason(s) may be added later in the eForm.*

▼ Compensation

- Payments directed by the Board should be suspended pursuant to §300.23(b)
- Payments directed by the Board should be reduced pursuant to §300.23(b)
- Insurer requests to apply overpayment to ongoing payments
- Payments should begin or be modified based on reduced earnings

REQUEST DETAILS

Different information will be requested depending on the request reason first selected.

Request Details

Payments directed by the Board should be suspended pursuant to §300.23(b)

This request reason is only applicable if there has been a direction for continuation of payments and there is documentation to support the suspension of payments.

Select the decision that directed continuing payments

Form ID	Document ID	Received Date	
			

+ Reference Document(s)

Select the most applicable option(s)*

- Medical evidence finds no disability or fails to support ongoing disability
- No medical evidence of a disability produced in the past 90 days
- Failure to appear at one or more IMEs without good cause or sufficient excuse
- Claimant has voluntarily removed themselves from or is no longer attached to the labor market
- Claimant was directed in a Board decision to look for work and has not produced sufficient evidence
- Medical documentation of apportionment
- Claimant's disability is unrelated to established injury
- Claimant/beneficiary whereabouts are unknown
- Claimant did not produce documentation as directed in Board decision

Save & Continue

[Exit](#)

SUBMISSION PROGRESS PANEL

The Submission Progress panel allows users to see where they are in the *RFA-2* submission process.



Submission Progress ⓘ

- 1. Payments directed by the Board should be suspended pursuant to §300.23(b) 🗑️
- Request Details**
- Additional Proposed Findings
- Supporting Documentation
- Certification
- Attestation
- Review and Submit

Request Details

Payments directed by the Board should be suspended pursuant to §300.23(b)

This request reason is only applicable if there has been a direction for continuation of payments and there is documentation to support the suspension of payments.

Select the decision that directed continuing payments

Form ID	Document ID	Received Date	
			🗑️

+ Reference Document(s)

Select the most applicable option(s)*

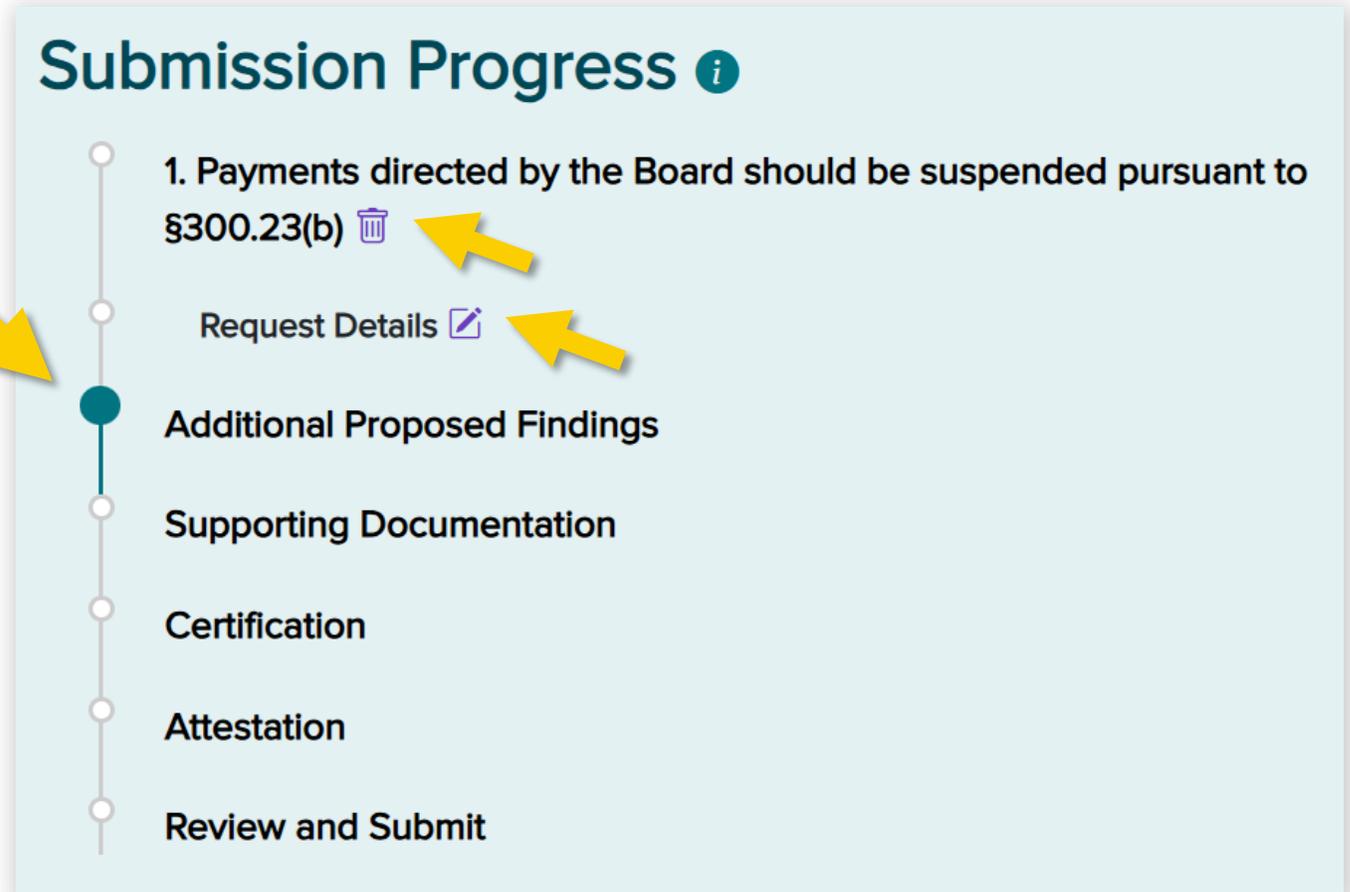
- Medical evidence finds no disability or fails to support ongoing disability
- No medical evidence of a disability produced in the past 90 days
- Failure to appear at one or more IMEs without good cause or sufficient excuse
- Claimant has voluntarily removed themselves from or is no longer attached to the labor market
- Claimant was directed in a Board decision to look for work and has not produced sufficient evidence

Save & Continue

[Exit](#)

SUBMISSION PROGRESS PANEL (cont'd)

- The **dot** on the panel indicates where users are in the process of filling out the eForm.
- Users can delete a selected request reason by selecting the **trash can icon** or edit a request reason by selecting the **pencil icon**.



Submission Progress ⓘ

1. Payments directed by the Board should be suspended pursuant to §300.23(b) 🗑️ ✎

Request Details ✎

Additional Proposed Findings

Supporting Documentation

Certification

Attestation

Review and Submit

ADDING ANOTHER REASON

Users can add another request reason, if desired.

Do you want to add another request reason?* Yes No

ADDITIONAL PROPOSED FINDINGS

Additional Proposed Findings

No additional proposed findings

Select additional proposed findings that are not in dispute

Establish case (ANCR/ODNCR)

Establish average weekly wage (AWW)

Award lost wage benefits not in dispute

[← Back](#)

[→ Save & Continue](#)

[Exit](#)

SUPPORTING DOCUMENTATION

Supporting Documentation

Reference or Upload all required supporting documentation. If documentation is an IME-4, it can only be referenced from the electronic case folder, do not upload copies of IMEs. See the [Board's website](#) for the required documentation for each request reason. If no documentation is required, click the Save & Continue button to proceed to next step.

Reference Document(s)

Select the Reference Document(s) button to refer to documentation already in the case folder. Any CMS-1500 form being referenced with this request must have a Medical Narrative attached. If a document is not in the case folder, it can be uploaded in the Supporting Documentation section of this submission.

Form ID	Medical Service Date	Document ID	Received Date	
	<input type="text"/>			

Reference Document(s)

Upload Document(s)

Document format must be either PDF (.pdf), JPG (.jpg), or JPEG (.jpeg). Non-PDF files will be converted to PDF.

The maximum combined total for all uploaded documents is 30 MB. The size of non-PDF files may expand upon conversion to PDF, making the combined total file larger than 30MB.

The description entered will display on the eForm generated and will be visible on the PDF in the case folder.

Type	File Name	Description	Health Care Provider Name	Date of Service	
		<input type="text"/>			

Upload Document(s)

Back Save & Continue

Exit

CERTIFICATION

Certification has two options:

- Option one certifies discussion took place. For date, use discussion date (can be current date).
- Option two certifies attempt to discuss was made. For date, use attempt date (not current date).

Certification

The following request(s) require certification:

- Payments directed by the Board should be suspended pursuant to §300.23(b)

Select one option*

I certify that

I have discussed the reason(s) selected with the opposing party(ies) or its representative(s) and no settlement could be reached.

Enter First and/or Last Name, Organization/Individual Name, and Date. If claimant is not represented select "Claimant/Beneficiary" in Organization/Individual Name.

First Name

Last Name

Organization/Individual Name

Date

I have attempted to contact the opposing party(ies) or its representative(s) to discuss the reason(s) selected, and have waited at least 24 hours for a response, but that no discussion was forthcoming.

[← Back](#) [Save & Continue](#) [Exit](#)

ATTESTATION

The **First Name** and **Last Name** fields should reflect the attorney or licensed representative assigned.

Attestation

I affirm that:
(1) my statements are true and correct, and
(2) I am authorized to submit this request, and
(3) this request for Board action is based upon reasonable grounds, and that this form with attachment(s) has been provided to the opposing party(ies), and
(4) I accept that the electronic submission of this form to the Workers' Compensation Board is equivalent to placing my signature on the request.

Accept*

RFA-2 Submitted On Behalf Of

Insurer*

Employer*

Claim Administrator*

Submitter Firm

Submitter Information

First Name*

Last Name*

Phone Number*

Extension

Email*

[← Back](#) [Save & Continue](#) [Exit](#)

REVIEW AND SUBMIT

After accepting the attestation, users must review the eForm for accuracy prior to submission.

Review and Submit

[Add New Reason](#)

Review the following information for accuracy prior to submission.

To edit your eForm or delete a request reason, click the "Back" button to return to the Attestation page and use the Submission Progress to take the appropriate action.

Workers' Compensation Board
REQUEST FOR FURTHER ACTION BY INSURER/EMPLOYER
RFA-2

To the claimant: Additional information regarding the electronic Request for Further Action by Insurer/Employer (Form RFA-2) can be found on the Board's website www.wcb.ny.gov under the eForms page.

CASE INFORMATION

WCB Case ID	Date of Injury	Claim Admin Claim #
5555555	01/01/2020	555

Claimant Name: _____
Employer Name: _____
Insurer Name: _____ Insurer ID: _____
Claim Admin Name: _____ Claim Admin ID: _____

RFA-2 SUBMITTED ON BEHALF OF

Insurer Name: _____ Insurer ID: W143945
Employer Name: _____
Claim Admin Name: _____ Claim Admin ID: _____
Submitter Firm Name: _____ Representative ID: _____

RFA-2 SUMMARY

Summary of selected request reason(s):
1. Payments directed by the Board should be suspended pursuant to §300.23(b)

Additional proposed findings:
1. No additional proposed findings

RFA-2 REQUEST DETAILS

1. Payments directed by the Board should be suspended pursuant to §300.23(b)

Decision that directed continuing payments (see table below)

Form ID	Document ID	Received Date
EC-23	408763363	01/14/2024

See suspension reason(s) listed below:
— Suspension Reason: No medical evidence of a disability produced in the past 90 days
Date of last medical report indicating a disability: 10/02/2025

CERTIFICATION

The following request(s) require certification:
1. Payments directed by the Board should be suspended pursuant to §300.23(b)

I certify that I have discussed the reason(s) selected with the opposing party(ies) or its representative(s) and no settlement could be reached.

First Name	Last Name	Organization/Individual Name	Date
Bannon	Corbett	Pasternack, Tiker, Ziegler Walsh, Stanton & Romano, LLP	02/10/2026

RFA-2 02/25 Page 1 of 2 RFA ID 105133, 02/10/2026

[Back](#) [Submit](#) [Exit](#)

eFORM SUBMISSION CONFIRMATION

The following confirmation will appear once users submit the eForm:

eForm - Submission ✕

This eForm was successfully submitted and has been added to your eForms page and also placed in the electronic case folder. It is the responsibility of the submitter to serve all parties, including any official Board forms you uploaded with this eForm submission.

Close

PDF SUBMISSION GENERATED

Upon submission of the eForm, the system automatically generates a PDF and places it in the case folder.

Case Details for WCB Case ID: 55555555

Reset

Search Case

Upload Documents

Case Folder

eForm

Print Selected Documents(0)

View Selected Documents

Select Folder: ALL

Unselect All

Note: Maximum of 10 records can be selected when printing.

Case Folder 613 Documents

Form	Section Name	Medical Provider Name	Medical Service Date	Document ID	Received Date
RFA-2-X				4005549929	02/10/2026
RFA-1LC				4005544901	02/06/2026
RFA-1LC				4005544210	02/04/2026
RFA-2-X				4005544061	01/30/2026

PDF IN CASE FOLDER

Print Selected Documents(0) View Selected Documents Select Folder: ALL Unselect All

Note: Maximum of 10 records can be selected when printing. Case Folder 613 Documents

Form	Section Name	Medical Provider Name	Medical Service Date	Document ID	Received Date
RFA-2-X		suspend		4005549929	02/10/2026
RFA-1LC		ancr		4005544901	02/06/2026
RFA-1LC		aww pf		4005544210	02/04/2026
RFA-2-X		114a reduce pf		4005544061	01/30/2026

Document ID: 4005549929

Items per page: 1 1 - 1 of 1

1 of 2

125%

NEW YORK STATE Workers' Compensation Board

REQUEST FOR FURTHER ACTION BY INSURER/EMPLOYER RFA-2

To the claimant: Additional information regarding the electronic *Request for Further Action by Insurer/Employer (Form RFA-2)* can be found on the Board's website www.wcb.ny.gov under the eForms page.

CASE INFORMATION

WCB Case ID	Date of Injury	Claim Admin Claim #
55555555	01/01/2020	555

Claimant Name: Fake, Case
Employer Name: NYS WCB Fake Case Primary Employer
Insurer Name: WCB Test Insurer Attn: Michael Hunter Insurer ID: W143945
Claim Admin Name: WCB Test Insurer Attn: Michael Hunter Claim Admin ID: W143945

RFA-2 SUBMITTED ON BEHALF OF

Insurer Name: WCB Test Insurer Attn: Michael Hunter Insurer ID: W143945
Employer Name: NYS WCB Fake Case Primary Employer
Claim Admin Name: WCB Test Insurer Attn: Michael Hunter Claim Admin ID: W143945
Submitter Firm Name: James Austin Trauring, Esq Representative ID: R542200

RFA-2 SUMMARY

Summary of selected request reason(s):
1. Payments directed by the Board should be suspended pursuant to §300.23(b)

Additional proposed findings:
1. No additional proposed findings

RFA-2 REQUEST DETAILS

PDF EXAMPLES

← ↻ 🔒 https://www.wcb.ny.gov/onboard/eforms/rfa-2.jsp

SECTIONS

- eForm information
- Submitting via eCase
- Request reason quick guide
- Submitting via API or XML file
- FAQs
- More information

Requirements and examples

File name	Description
RFA-2-XML-Data-Requirements-and-Edits.xlsx	XML documentation/guidelines for RFA-2 XML data elements. This spreadsheet contains list of error codes, list of valid values, element requirements and element rules.
Rfa2MultiReason.xml	XML layout example for RFA-2 submission of multiple request reason codes.
Rfa2SingleReasonMia.xml	XML layout example for RFA-2 submission of request reason code MIA (Insurer requests apportionment finding for medical treatment).
Rfa2SampleCpi.xml	XML layout example for RFA-2 submission of request reason code CPI (Insurer requests to apply overpayment to ongoing payments).
eFormsRfa2XMLAckTemplate.xml	XML acknowledgement template for RFA-2. After processing the API submission the acceptance and rejection of the transaction will be returned back to the sender.
eFormsRfa2XmiTemplate.xml	XML template for the RFA-2 submission. This template contains the data elements for all submission reasons. It is recommended to review the API requirements and edits spreadsheet for the submission reason specific data element list.
eFormsRfa2.xsd	XML schema definition for RFA-2 XML data submission. API submitters are expected to use this schema definition to validate the data before sending XML submission via API.
Required-Document-Matrix.xlsx	This document will assist you in determining if supporting documentation will be needed (referenced or submitted) when submitting the RFA-2.
Submitted-RFA-2-Sample-1.pdf 	This is a sample of a generated RFA-2 after it was submitted to the Board for when payments directed by the Board should be suspended pursuant to §300.23(b).
Submitted-RFA-2-Sample-2.pdf 	This is a sample of a generated RFA-2 where there are multiple reasons for the form submission, including additional proposed findings. Certification section displays second option.
Submitted-RFA-2-Sample-3.pdf 	This is a sample of a generated RFA-2 where there are multiple reasons for the form submission, including additional proposed findings. Certification section displays first option.

PDF EXAMPLES

SECTIONS

eForm information

Submitting via eCase

Request reason quick guide

Submitting via API or XML file

FAQs

More information

Requirements and examples

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Rfa2MultiReason.xml	XML layout example for RFA-2 submission of multiple request reason codes.
Rfa2SingleReasonMia.xml	XML layout example for RFA-2 submission of request reason code MIA (Insurer requests apportionment finding for medical treatment).
Rfa2SampleCpi.xml	XML layout example for RFA-2 submission of request reason code CPI (Insurer requests to apply overpayment to ongoing payments).
eFormsRfa2XMLAckTemplate.xml	XML acknowledgement template for RFA-2. After processing the API submission the acceptance and rejection of the transaction will be returned back to the sender.
eFormsRfa2XmlTemplate.xml	XML template for the RFA-2 submission. This template contains the data elements for all submission reasons. It is recommended to review the API requirements and edits spreadsheet for the submission reason specific data element list.
eFormsRfa2.xsd	XML schema definition for RFA-2 XML data submission. API submitters are expected to use this schema definition to validate the data before sending XML submission via API.
Required-Document-Matrix.xlsx	This document will assist you in determining if supporting documentation will be needed (referenced or submitted) when submitting the RFA-2.



REMINDER: The *Form RFA-2*
electronic submission mandate
goes into effect on
Friday, March 20, 2026

FREQUENTLY ASKED QUESTIONS

- **Why don't I see the eForm button?**
 - The button will be available March 20, 2026. You must be listed as a party of interest and perform a successful case search to see the eForm button. If you are a carrier attorney granted view only access, the eForm button will not display. Only attorney's who were placed on notice by the carrier's eCase administrator will have the ability to file an *RFA-2*.
- **Does a copy of the eForm automatically get sent to the required parties (e.g., claimant attorney, claimant)?**
 - No, a copy of the completed *RFA-2* eForm is not automatically sent to the required parties. It is the responsibility of the insurer or their representative to download and print the completed eForms and serve all parties the *RFA-2* and any uploaded documents following the same methods currently being used to serve all parties. You can download the eForm and documents from the eForms landing page.

FREQUENTLY ASKED QUESTIONS

- **Does eForms replace eClaims?**
 - No.
- **Can an *RFA-2* be changed once it is submitted?**
 - No.
- **Can an *RFA-2* be withdrawn once it is submitted?**
 - No, you cannot withdraw the *RFA-2*. You may submit correspondence to the Board and the parties of interest stating that you withdraw the *RFA-2* that was filed.

FREQUENTLY ASKED QUESTIONS

- **Where is the “Other” box?**
 - There is a free text option within the Request Details step (if available for that request reason)
- **Do we need to file an *RFA-2* for a Section 32?**
 - No. Any of the following will trigger Claims action without the need for an *RFA-2* or correspondence: *Section 32 waiver agreement*, *Stipulation (Form C-300.5)*, and *Agreed Upon Proposed Decision Findings (Form C-312.5)*. Sending unnecessary requests will cause delays.

FREQUENTLY ASKED QUESTIONS

- **How can I check the status of a previously submitted *RFA-2*? Should we file another *RFA-2*?**
 - No, do not file a duplicate *RFA-2*. If required, status on a previously submitted *RFA-2* may be checked by submitting an online claims inquiry and selecting "*Request for Further Action (Form RFA-2) status.*" Please give the Board at least 30 days before submitting an inquiry
- **Is an *RFA-2* needed when the claimant has passed away?**
 - No, an *RFA-2* is not needed. If there are continuing payments file a SROI suspending payments due to the claimant's death. The Board will review the filing and issue an administrative decision to update awards to the date of death. If there are no continuing payments send correspondence to the file advising of the claimant's death and note any outstanding issues that need to be resolved. Any available documentation regarding the claimant's death may be submitted to the case folder (e.g. death certificate).



RESOURCES

eFORMS WEBPAGE wcb.ny.gov/onboard/eforms



ONBOARD

EMAIL: OnBoard@wcb.ny.gov

WEBSITE: wcb.ny.gov/onboard



Workers'
Compensation
Board

FOLLOW THE BOARD

 [@NYSWorkersComp](https://twitter.com/NYSWorkersComp)

 [@NYSWCB](https://www.facebook.com/NYSWCB)

 [@NYSWorkersCompBoard](https://www.instagram.com/NYSWorkersCompBoard)

 [youtube.com/@nyswcb](https://www.youtube.com/@nyswcb)

 [linkedin.com/company/nyswcb](https://www.linkedin.com/company/nyswcb)

 wcb.ny.gov (“Get WCB Notifications”)

CURRENT STATE



**Paper-based
legacy systems**



**Improving, but still
nominal data capture**



**Improving access
to quality care**



**Inefficient process
and procedures**

ONBOARD PROGRAM OUTCOMES



**Intuitive, user-friendly
system**

**Expanded
self-service!**



Paperless



Accuracy & quality