

Worker's Initial Report of Injury

WCB claim number: _____

Reporting options: 1) WCB Teleservice 1.800.787.9288 2) www.wcbask.com 3) Fax

Section A: Worker Information

Name, address, postal code
Occupation: _____
Social Insurance Number: _____
Provincial Health Number: _____
Date of birth: _____ Gender: Female Male
MM/DD/YYYY
Phone: _____
Do you require translation services? If yes, _____ language.
Email: _____

Occupation: _____
Social Insurance Number: _____
Provincial Health Number: _____
Date of birth: _____ Gender: Female Male
MM/DD/YYYY
Phone: _____
Do you require translation services? If yes, _____ language.
Email: _____

Section B: Employer Information

Name, address, postal code
WCB firm number: _____ Industry rate code: _____
Employer contact person: _____
Phone number of contact: _____

WCB firm number: _____ Industry rate code: _____
Employer contact person: _____
Phone number of contact: _____

Section C: Injury Information

1. Injury date: _____ 2. Reported to employer on: _____ 3. Reported to: _____
MM/DD/YYYY MM/DD/YYYY
4. Province of injury: _____ 5. Area of body injured: _____
6. How did the injury happen? _____
7. Name of care provider: _____
8. Name of hospital or clinic: _____
9. Have you lost time from work, due to the injury, after the day of the injury? Yes ... go to Section D No ... go to Section F

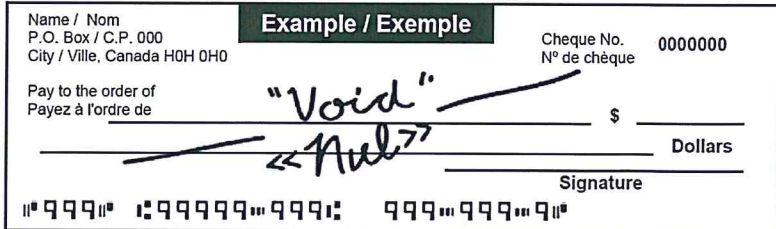
Section D: Wage and Employment Information

10. First day off work due to this injury: _____ Time: _____ a.m. p.m.
MM/DD/YYYY
11. Have you returned to work? Yes No If yes... enter the date and time: Date: _____
MM/DD/YYYY
12. How are you paid? If regular salary: Hourly \$ _____ per hour _____ hours per week; If monthly \$ _____ per month
If non-regular: Piecework Contractor Owner / Operator Casual Other (explain) _____
13. If you have regular days off mark which days: Sun Mon Tue Wed Thu Fri Sat
14. Do you have other sources of employment income? Yes No If yes... attach employer names and phone numbers.
15. Will you be paid by your employer for time loss due to the injury? Yes No

Section E: Direct Deposit Information

If you wish to have your compensation payments made directly to your bank account, please choose one of the following options:

- Please attach a void cheque to this form (see example beside) and fax directly to the WCB at 1.888.844.7773, or mail to the WCB; OR
- Have someone from your bank complete, sign and stamp a bank deposit request form and fax directly to Finance or mail it to the WCB; OR
- If you need assistance, call 1.800.667.7590.



Please note: If you change or close your account, let the WCB know in writing to avoid any delay in payment.

Section F: Declaration

I declare all the information provided is true and correct. I understand that criminal prosecution or penalties may result from any attempt to (1) obtain compensation benefits by fraudulent means and/or (2) prevent collection of compensation benefits.

Date MM/DD/YYYY

Name (please print)

Signature

