Employee Claim

EC-3

State of New York - Workers' Compensation Board

THIS FORM IS BEING SUBMITTED ELECTRONICALLY. DO NOT MAIL TO THE BOARD.

Fill out this form to apply for workers' compensation benefits because of a work injury or work-related illness.

***Required Fields** **Select** **for additional information**

WCB Case Number (if you know it): _____

A. YOUR INFORMATION (Employee)

1. *First Name: _____ *Last Name: _____ MI: ___
2. *Mailing address: _____ Line 2: _____

*City: _____ State: _____ Zip Code: _____ *Country: _____

3. *Date of Birth: _____ 4. Social Security Number: _____
5. *Phone Number: _____ 6. *Gender: ◯ Male ◯ Female
7. *Will you need a translator if you have to attend a Board hearing? ◯ Yes ◯ No

B. YOUR EMPLOYER(S)

1. *Employer when injured: _____
2. *Your work address: _____ Line 2: _____

*City: _____ State: _____ Zip Code: _____ *Country: _____

3. Phone Number: _____ 4. Date you were hired: _____
5. Your supervisor's first name: _____ Last name: _____
6. Did you have more than one employer at the time of your injury/illness? ◯ Yes ◯ No

C. YOUR JOB on the date of the injury or illness

1. *What was your job title or description? _____
2. What types of activities did you normally perform at work?

_____

3. *Was your job? (check one) ◯ Full Time ◯ Part Time ◯ Seasonal ◯ Volunteer ◯ Other: _____
4. *What was your gross pay (before taxes) per pay period? _____
5. *How often were you paid? _____
6. *Did you receive lodging or tips in addition to your pay? ◯ Yes ◯ No

D. YOUR INJURY OR ILLNESS

1. *Date of injury or date of onset of illness: _____ 2. Time of injury: _____ ◯ AM ◯ PM
3. *Where did the injury/illness happen? (e.g., 1 Main Street, Pottersville, at the front door)

_____

4. *Was this your usual work location? ◯ Yes ◯ No
5. *What were you doing when you were injured or became ill? (e.g., unloading a truck, typing a report)

6. *How did the injury/illness happen? (e.g., I tripped over a pipe and fell on the floor)

_____

7. *Explain fully the nature of your injury/illness; list body parts affected (e.g., twisted left ankle and cut to forehead):

_____

8. *Was an object (e.g., forklift, hammer, acid) involved in the injury/illness? ◯ Yes ◯ No

9. *Was the injury the result of the use or operation of a licensed motor vehicle? ◯ Yes ◯ No

10. *Have you given your employer (or supervisor) notice of injury/illness? ◯ Yes ◯ No

11. *Did anyone see your injury happen? ◯ Yes ◯ No ◯ Unknown

E. RETURN TO WORK

1. *Did you stop work because of your injury/illness? ◯ Yes ◯ No

F. MEDICAL TREATMENT FOR THIS INJURY OR ILLNESS

1. *Did you receive treatment for your injury or illness? ◯ Yes ◯ None received

2. *Do you remember having another injury to the same body part or a similar illness? ◯ Yes ◯ No

Any person who knowingly and with INTENT TO DEFRAUD presents, causes to be presented, or prepares with knowledge or belief that it will be presented to, or by an insurer, or self-insurer, any information containing any FALSE MATERIAL STATEMENT or conceals any material fact, SHALL BE GUILTY OF A CRIME and subject to substantial FINES AND IMPRISONMENT.

Please Note: If you have retained a legal representative at the time of filling out this on-line EC-3, then you must notify your legal representative that they must complete and sign form OC-400.5 (Attorney/Representative's Certification of form C-3 or C-7) and mail it to the Board.

An individual may sign on behalf of the employee only if he or she is legally authorized to do so and the employee is a minor, mentally incompetent or incapacitated.

*Prepared By: ◯ Employee ◯ On Behalf of Employee

*First Name: _____ *Last Name: _____ MI: ___

Date: _____

Do not close your web browser until you receive a confirmation that the Board has received your form. If you do not receive a confirmation within 2 minutes, please contact the Board's Helpdesk at helpdesk@wcb.ny.gov or (866) 890-5863

Be sure you have read the instructions for submitting if you are using a Macintosh Computer or Google Chrome.
How to Submit Using a Mac™
How to Submit Using Google Chrome™