



Click on any field to start editing.

Worker's Initial Report of Injury

WCB claim number: \_\_\_\_\_

Reporting options: 1) Phone: 1.800.787.9288 2) WCB online account 3) Fax 1.888.844.7773 4) Email: forms@wcbask.com

Section A: Worker information

Name, address, postal code Occupation: Social Insurance Number: Provincial Health Number: Date of birth: Gender: 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:

Section C: Injury information

1. Injury date: 2. Reported to employer on: 3. Reported to: 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

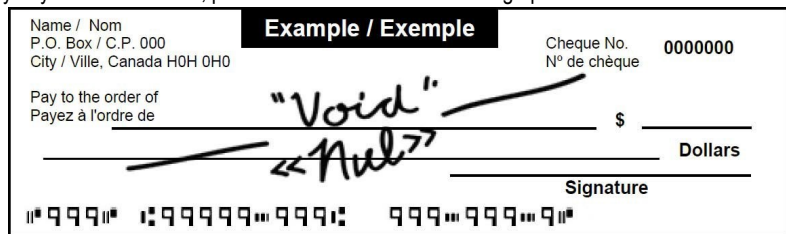
Section D: Wage and employment information

10. First day off work due to this injury: Time: a.m. p.m. 11. Have you returned to work? Yes No If yes... enter the date and time: Date: 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. Tues. Wed. Thurs. 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.

Please sign before submitting this form through your WCB online account, or by emailing/ mailing/ faxing it.

Date MM/DD/YYYY Name (please print)