Saskatchewan Workers' Compensation Board
200-1881 Scarth St.
Regina, SK S4P 4L1
wcbsask.com
Phone: 306.787.4370
Toll free: 1.800.667.7590
Fax: 306.787.4311
Toll free fax: 1.888.844.7773

W1

Click on any field to start editing.

Reset Form

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@wcbsask.com

Section A: Worker information

Name, address, postal code

Occupation: _____

Social Insurance Number: _____

Provincial Health Number: _____

Date of birth: _____ (MM/DD/YYYY) Gender: ☐ Female ☐ Male

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: _____ (MM/DD/YYYY) 2. Reported to employer on: _____ (MM/DD/YYYY) 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: _____ (MM/DD/YYYY) Time: _____ ☐ a.m. ☐ p.m.

11. After the day of injury, what was the next scheduled day you missed due to the injury? Date: _____ (MM/DD/YYYY)

12. Have you returned to work? ☐ Yes ☐ No

a. If yes, what day did you return to work? _____ (MM/DD/YYYY)

b. If yes, what is the number of calendar days between the date in Question 11 (include this day in your count) and Question 12.a.? _____

If this number is less than seven (7), please answer these questions:

i. How many days were you scheduled to work from the date in Question 11 (including the date in Question 11 in your count) plus the next six (6) calendar days? _____

ii. How many days did you miss using the same period from question 12.b., part i.? _____

13. 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) _____

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

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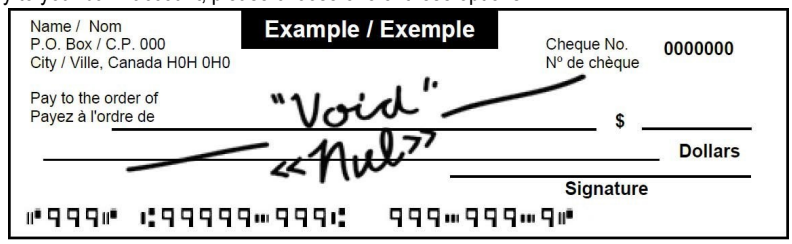
Section E: Direct deposit information

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

- 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.
- Have someone from your bank complete, sign and stamp a bank deposit request form and fax directly to finance or mail to the WCB.
- If you need help, 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 print and sign form before mailing/faxing.

Date MM/DD/YYYY	**Name (please print)**	**Signature**