

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

Home phone: _____

Best time to reach you? _____

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 health 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: _____ The time you left work: _____ ☐ 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 ☐ Sub-contractor ☐ Owner / Operator ☐ Casual ☐ Other (explain) _____13. If you have regular days off mark which days: ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat14. 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.

Name / Nom		Example / Exemple		Cheque No.	0000000
P.O. Box / C.P. 000				N° de chèque	
City / Ville, Canada H0H 0H0					
Pay to the order of		"Void"		\$	
Payez à l'ordre de		<<Null>>			Dollars
		Signature			
9999 12999999 9999: 9999 9999 9999					

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 that all the information provided is true and correct to the best of my knowledge.

Date

Name (please print)

Please print & sign form before mailing/faxing.

Signature