

Instructions for Reporting Worker's Compensation Accidents

Please read these instructions carefully in order that your Workers' Compensation claims are handled properly.

No Lost Time / First Aid Cases:

Under the New York Workers' Compensation law it is not necessary to file a C2 form on any claim which does not involve lost time beyond one day and/or more than 2 visits to a doctor. Obviously the claim must arise out of work-related injury.

Enclosed is a sample form to be photocopied onto your letterhead. The completed form should be mailed to our office along with any bills for first aid cases. We will file the claim with the State Fund for you.

If the first aid claim develops into a more serious claim, a C2 form can be completed at a later date.

Serious Injuries / Lost Time Claims

A C2 form must be completed for any claim for injuries which involves lost time beyond one day or is more serious in nature. A few examples that should be filed with a C2 would be: fractures, dislocations, concussions, bad sprains, and recurrent back/neck injuries. Enclosed, please find a small supply of these forms.

In completing the C2, we suggest you begin your answers to items #17, 18, and 19 with the words, "Employee alleges..." or "Employee claims...". This will protect your interest in the event it should be discovered at later date that the alleged claim may not be legitimate.

Send the top three (3) copies of the accident report to our office. We will forward the appropriate copies to The State Insurance Fund and the Workers' Compensation Board as is necessary. Our office maintains a file on every accident reported to us.

All additional reports: payroll statements (C240), change in work status/returned to work forms (C11), medical reports (C4), bills, hearing notices, award and decision notices, should be sent to **OUR** office.

As a service to our customers, we will gladly help you with any workers' compensation problems that you may encounter. Please direct all matters or questions pertaining to this subject, to **OUR** office rather than to the State Insurance Fund.

**BE SURE TO FILE THESE INSTRUCTIONS WITH
YOUR COMPENSATION POLICY.
THEY MAY BE VERY IMPORTANT AT A FUTURE DATE.**