

# Understanding Your NY Workers Compensation C-3 Form

PAGE 1



## 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 **i** for additional information

WCB Case Number (if you know it): \_\_\_\_\_

**A. YOUR INFORMATION (Employee)** **i**

1. \*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

2. \*Mailing address: \_\_\_\_\_ Line 2: \_\_\_\_\_

\*City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ \*Country: USA

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

### SECTION A

Section A might seem straightforward. But if you make a mistake here (such as **writing down the wrong Social Security Number**), your entire application could be denied. That's why it's important to take your time filling out this form. It's also critical that you file it in time: **You have up to 2 years from the date of your workplace injury to file a C-3 form** with the state of New York.

**B. YOUR EMPLOYER(S)** **i**

1. \*Employer when injured: \_\_\_\_\_

2. \*Your work address: \_\_\_\_\_ Line 2: \_\_\_\_\_

\*City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ \*Country: USA

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

### SECTION B

Section B concerns information about your employer. If the company you work for has multiple offices in different states, it might be more beneficial to you if you list an office located in a specific location. Our lawyers can discuss this issue with you as well as the reasons why you should be cautious when dealing with your employer after your accident. Some people assume they can deal directly with their employer after a serious workplace injury – but in reality, your employer might not have your best interests at heart. If the financial impact of your workplace injury is significant, your employer and their insurance company may try to limit the money you receive.

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

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

### SECTION C

The answers you provide in Section C could make the biggest impact on how much money you receive in workers' compensation benefits. New York State will base the amount it pays you after accident on two factors – the severity of your injury and your salary prior to your accident. The maximum amount injured workers can receive each year is adjusted on July 1st. The state then adjusts your benefits based on whether you're 100 percent injured, 50 percent injured or some other percentage. **That's why the answer you provide for question 4 about your gross pay matters so much. Question 2 in Section C can also make a big difference. If you were performing activities at work at the time of your injury that you don't normally perform, your employer might try to claim you somehow did something to cause your injury.** That's why you should carefully review your answers with us.

**D. YOUR INJURY OR ILLNESS** **i**

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) \_\_\_\_\_

### SECTION D

Section D focuses on your specific workplace injury. **The exact words you choose for Question 5 are extremely important. The same applies to Question 6 (on page 2).** If your description tells the state workers compensation board that your injury is less severe than it is, you might receive significantly less money. **This is also true for Question 7 (on page 2).** Many people like to downplay just how badly they got hurt at work – but the only person you're hurting is yourself. If you were seriously injured at work, you should receive the maximum benefits so that you can fully recover from your injuries.

PAGE 2

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

**i**

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

### F. MEDICAL TREATMENT FOR THIS INJURY OR ILLNESS

**i**

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 that it will be presented to, or by an insurer, or self-insurer, any material 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: \_\_\_\_\_

Submit Form

### SECTION E & F

Sections E & F seem straightforward, but it's important to be especially careful. **In Section F, Question 1, the board might deny your claim if you mark "None received"** and in other parts of your application you provide conflicting information. The answer you provide for **Section F, Question 2 could also affect the outcome of your claim.** If you suffered a similar injury in the past, but never reported this injury to the board or your employer, the board might question the severity of your injury. That's why we cannot stress enough just how important it is to consult with our knowledgeable legal team about your workplace injury as soon as possible.