



# Employee Claim

C-3

State of New York - Workers' Compensation Board

Fill out this form to apply for workers' compensation benefits because of a work injury or work-related illness. Type or print neatly. This form may also be filled out on-line at [www.wcb.state.ny.us](http://www.wcb.state.ny.us).

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

## A. YOUR INFORMATION (Employee)

1. Name: \_\_\_\_\_ 2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First MI Last
3. Mailing address: \_\_\_\_\_  
Number and Street/PO Box City State Zip Code
4. Social Security Number: \_\_\_\_\_ 5. Phone Number: (\_\_\_\_) \_\_\_\_\_ 6. Gender:  Male  Female
7. Do you speak English?  Yes  No If no, what language do you speak? \_\_\_\_\_

## B. YOUR EMPLOYER(S)

1. Employer when injured: \_\_\_\_\_ 2. Phone Number: (\_\_\_\_) \_\_\_\_\_
3. Your work address: \_\_\_\_\_  
Number and Street City State Zip Code
4. Date you were hired: \_\_\_\_/\_\_\_\_/\_\_\_\_ 5. Your supervisor's name: \_\_\_\_\_
6. List names/addresses of any other employer(s) at the time of your injury/illness: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Did you lose time from work at the other employment(s) as a result of your injury/illness?  Yes  No

## C. YOUR JOB on the date of the injury or illness

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 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

## D. YOUR INJURY OR ILLNESS

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 If no, why were you at this location? \_\_\_\_\_  
 \_\_\_\_\_
5. What were you doing when you were injured or became ill? (e.g., unloading a truck, typing a report) \_\_\_\_\_  
 \_\_\_\_\_
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): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_