STATEMENT OF RIGHTS

TO ALL WORKERS WHO ARE INJURED WHILE WORKING OR WHO SUFFER FROM AN OCCUPATIONAL DISEASE

Compensation Board office (see addresses below).

capacity may be payable from date of injury.)

STATE OF NEW YORK George E. Pataki, Governor

payment of the bills.

counselor or social worker.

employer's insurance company, which is indicated at the bottom of this form.

contact the Workers' Compensation Board office nearest you.

because you filed a claim for workers' compensation benefits.

This information is a simplified presentation of your rights under the Workers' Compensation Law. It is provided, as required by Section 110 of the Workers'

(Insert Name and Address of Insurance Carrier)

THE WORKERS' COMPENSATION BOARD.

Compensation Law, by your employer's insurance carrier:

DOWNSTATE CENTRALIZED MAILING

(for New York City, Hempstead, Hauppauge & Peekskill Districts)

PO Box 5205 Binghamton, NY 13902-5205

NYC (800)877-1373 / Hemp. (866)805-3630 / Haup. (866)681-5354 / Peek. (866)746-0552

C-430S (5-06)

YOU MAY BE ENTITLED TO WORKERS' COMPENSATION BENEFITS

3. You are entitled to obtain any necessary medical treatment related to your injury and you should do so immediately.

provide their employees with written notification describing their employees' rights and obligations under the program.

necessary expenses going to and from your doctor's office or hospital. (You should get receipts for all such expenses.)

2. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work. (In volunteer firefighters' and volunteer ambulance workers' cases, compensation for lost time or loss of earning

employer is involved in a certified preferred provider organization (PPO) arrangement, you must obtain initial treatment for any workers' compensation injury or illness from the preferred provider organization. Employers participating in this statutory program are required to

5. You should inform your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and your

6. You should not pay any medical providers directly for treatment of your work-related injury or illness. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the

7. The employer is liable for the replacement or repair of an employee's prosthesis (e.g., artificial members, false teeth, eyeglasses), which has been lost or damaged in the course of employment, whether or not there was bodily injury to the employee. You are also entitled to be reimbursed for drugs, crutches or any apparatus properly prescribed by your doctor, and transportation and other

8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire an attorney or licensed representative, you should not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.

9. Lost time and medical benefits are payable directly without a formal direction from the Board, unless your claim is disputed. If your claim is disputed on the grounds that your injury is not work-related or did not arise in the line of volunteer firefighter or ambulance worker duties, then you may qualify for disability benefits for non-work injuries. For more information on entitlement to disability benefits,

10. You should go back to work as soon as you are able; compensation is never as high as your wage. If you need help returning to work, or with family or financial problems because of your injury, you should contact the nearest Board office and ask for a rehabilitation

11. Your employer may not ask you to waive your right to compensation nor may your employer deduct any money from your pay to contribute to the payment of workers' compensation insurance premiums. Further, you cannot be discharged or discriminated against

IF YOU HAVE DIFFICULTY IN OBTAINING A CLAIM FORM OR NEED HELP IN FILLING IT OUT, OR IF YOU HAVE ANY OTHER QUESTIONS OR PROBLEMS ABOUT A JOB-RELATED INJURY OR DISEASE, CONTACT ANY OFFICE OF

100 Broadway

Menands

(866) 750-5157

ESTE RESUMEN ESTÁ ESCRITO EN ESPAÑOL AL DORSO

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.

State Office Building Statler Towers

(866) 802-3604

44 Hawley Street 107 Delaware Ave. 130 Main Street W.

ALBANY 12241 BINGHAMTON 13901 BUFFALO 14202 ROCHESTER 14614 SYRACUSE 13203

(866) 211-0644

(866) 211-0645

935 James St.

(866) 802-3730

www.wcb.state.nv.us

 You should file a claim for benefits within two years of the date you are injured, unless your injury is very minor, requiring no medical treatment and causing no lost time from work. If you do not file within two years your right to benefits may be lost. Obtain and file a claim form (Form C-3, or VF-3 for volunteer firefighters, or VAW-3 for volunteer ambulance workers) with the nearest Workers'

4. For the treatment of your work-related injury or illness, you may choose any physician, podiatrist, chiropractor, or psychologist (upon referral from an authorized physician) who is Board authorized and who is accepting workers' compensation patients. If, however, your

WORKERS' COMPENSATION BOARD