

# Workers

# (/content/main/Workers/Workers.js]

## Workers' Compensation (On-the-Job Injury or Illness)

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### Understanding the Claims Process

#### Immediately

The worker **obtains the necessary medical treatment** and **notifies his/her supervisor** about the accident and how it occurred.

The employee **notifies the employer of the accident in writing**, as soon as possible, but within 30 days.

The employee files a **claim with the Board on Form Employee Claim (C-3)** by mailing the form to the appropriate Board **District Office (/content/main/DistrictOffices/MainPage.jsp)**. This must be done within two years of the accident, or within two years after the employee knew or should have known, that the injury was related to employment.

#### Within 48 hours of the accident

The doctor completes a preliminary medical report on Form Doctor's Initial Report (C-4) and mails it to the appropriate District Office. Copies must also be sent to the employer or its insurance carrier, the injured worker, and his/her representative, if any.

#### Within 10 days of notification of the accident

The employer reports the injury to the Board and the insurance company.

#### Within 14 days of receipt of Form Employer's Report of Work-Related Injury/Illness

The insurer provides the injured worker with a written statement of his/her rights under the law. This must be done within 14 days after receipt of the Employer's Report of Work-Related Injury/Illness from the employer or with the first check, whichever is earlier. In addition, if the insurer requires claimants to use a network it has contracted with to obtain diagnostic tests, it must notify the claimant of the name and contact information for the network at the same time it sends the written statement of his/her rights or immediately if that time has passed.

#### Within 18 days of receipt of Form Employer's Report of Work-Related Injury/Illness

The insurer **begins the payment of benefits** if lost time exceeds seven days. If the claim is being disputed, the insurer must inform the Workers' Compensation Board (and the claimant and his/her representative, if any). If payment is not being made for specific reasons stated on the notice (e.g. that there is no lost time or that the duration of the disability is less than the 7-day waiting period), the insurer must also notify all the parties.

The insurer notifies the Board indicating either that payment has begun or the reasons why payments are not being made. If the employee does not notify the employer timely, this notice may be filed within 10 days of learning of the accident.

**Every 2 weeks**

The insurer continues to make payments of benefits to the injured employee (if the case is not being disputed). The carrier must notify the Board when compensation is stopped or modified.

**Every 45 days**

The doctor submits progress reports on Form Doctor's Progress Report (C-4.2) to the Board.

**After 12 weeks**

The insurer considers the necessity of rehabilitation treatment for the injured employee.

**Failure to file a claim or give the employer notice may result in the loss of rights to compensation.**