

Worker's Initial Report of Injury

WCB claim number: _____

Reporting options: 1) Phone: 1.800.787.9288 2) www.wcbsask.com 3) Fax 4) Email: forms@wcbsask.com

Section A: Worker Information

Name, address, postal code

Occupation: _____

Social Insurance Number: _____

Provincial Health Number: _____

Date of birth: _____ Gender: ☐ Female ☐ Male
MM/DD/YYYY

Phone: _____

Do you require translation services? If yes, _____ language.

Email: _____

Section B: Employer Information

Name, address, postal code

WCB firm number: _____

Industry rate code: _____

Employer contact person: _____

Phone number of contact: _____

Section C: Injury Information1. Injury date: _____ 2. Reported to employer on: _____ 3. Reported to: _____
MM/DD/YYYY MM/DD/YYYY

4. Province of injury: _____ 5. Area of body injured: _____

6. How did the injury happen? _____

7. Name of care provider: _____

8. Name of hospital or clinic: _____

9. Have you lost time from work, due to the injury, after the day of the injury? ☐ Yes ... go to Section D ☐ No ... go to Section F**Section D: Wage and Employment Information**10. First day off work due to this injury: _____ Time: _____ ☐ a.m. ☐ p.m.
MM/DD/YYYY11. Have you returned to work? ☐ Yes ☐ No If yes... enter the date and time: Date: _____
MM/DD/YYYY

12. How are you paid? If regular salary: Hourly \$ _____ per hour _____ hours per week; If monthly \$ _____ per month

If non-regular: ☐ Piecework ☐ Contractor ☐ Owner / Operator ☐ Casual ☐ Other (explain) _____13. If you have regular days off mark which days: ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat14. Do you have other sources of employment income? ☐ Yes ☐ No If yes... attach employer names and phone numbers.15. Will you be paid by your employer for time loss due to the injury? ☐ Yes ☐ No**Section E: Direct Deposit Information**

If you wish to have your compensation payments made directly to your bank account, please choose one of the following options:

- Please attach a void cheque to this form (see example beside) and fax directly to the WCB at 1.888.844.7773, or mail to the WCB; OR
- Have someone from your bank complete, sign and stamp a bank deposit request form and fax directly to Finance or mail it to the WCB; OR
- If you need assistance, call 1.800.667.7590.

| | | | | | |
|--|--|--------------------------|--|--------------|---------|
| Name / Nom | | Example / Exemple | | Cheque No. | 0000000 |
| P.O. Box / C.P. 000 | | | | N° de chèque | |
| City / Ville, Canada H0H 0H0 | | | | | |
| Pay to the order of / Payez à l'ordre de | | "Void" | | \$ | |
| | | <<Null>> | | | Dollars |
| | | Signature | | | |
| ⑈ 9999 ⑈ ⑈ 999999 9999 ⑈ 999 9999 9 ⑈ | | | | | |

Please note: If you change or close your account, let the WCB know in writing to avoid any delay in payment.

Section F: Declaration

I declare all the information provided is true and correct. I understand that criminal prosecution or penalties may result from any attempt to (1) obtain compensation benefits by fraudulent means and/or (2) prevent collection of compensation benefits.

Date MM/DD/YYYY

Name (please print)

Please print & sign form before mailing/faxing.

Signature