



Workers' Compensation Board

PO Box 5205 Binghamton, NY 13902-5205

Customer Service Toll-Free Line: 877-632-4996 Statewide Fax Line: 877-533-0337 www.wcb.ny.gov

W.C.B. CASE NO. CARRIER CASE NO. CLAIMANT'S SOC.SEC.NO.

CHECK ONE:

WORKERS' COMPENSATION VOLUNTEER FIREFIGHTERS VOLUNTEER AMBULANCE WORKERS

CLAIM FOR COMPENSATION AND NOTICE OF COMMENCEMENT OF THIRD PARTY ACTION (This notice must be served on the Chair, Workers' Compensation Board, the Employer and Employer's Insurance Carrier within 30 days after action has been commenced.)

1. Name of Injured or Deceased

2. Address (Street and Number) (City or town) (State) (Zip Code)

3. Name of *Employer * In Volunteer Firefighters' and Volunteer Ambulance Workers' Benefit cases, the liable political subdivision (or unaffiliated ambulance service as defined in Sec. 30, VFBL or Sec. 30 VAWBL) is deemed to be the "EMPLOYER".

4. Address (Street and Number) (City or town) (State) (Zip Code)

5. Employer's Ins. Carrier

6. Address (Street and Number) (City or town) (State) (Zip Code)

7. Date of Accident 8. Place of Accident

9. Cause of Accident

10. Nature of Injury

11. Name of Attending Doctor or Hospital 12. Address

13. Action commenced on (Month, Day and Year) in the court of County, State of, against (Name of 3rd Party)

14. Name of my Attorney Tel No.

15. Address

I, (we) the undersigned, hereby give notice that action has been commenced against a third party or parties and hereby make claim for all benefits due me (us) under the Workers' Compensation Law. This notice is given pursuant to the provisions of Section 29 of the Workers' Compensation Law as amended (Section 20, VFBL and Section 20, VAWBL).

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD PRESENTS, CAUSES TO BE PRESENTED, OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, OR SELF-INSURER, ANY INFORMATION CONTAINING ANY FALSE MATERIAL STATEMENT OR CONCEALS ANY MATERIAL FACT SHALL BE GUILTY OF A CRIME AND SUBJECT TO SUBSTANTIAL FINES AND IMPRISONMENT.

Dated Signature of Claimant Tel. No.

IF CLAIM IS MADE FOR DEATH BENEFITS DEPENDENTS MUST COMPLETE THIS SIDE AND THE REVERSE SIDE OF THIS FORM. SEE REVERSE SIDE FOR INFORMATION TO CLAIMANT.

IN DEATH CASES COMPLETE THE FOLLOWING

1. Date of Death _____ 2. Cause of Death _____

3. Name of Last Attending Doctor or Hospital _____ 4. Address _____

(All dependents desiring to sue third party sign below):

(Name)	(Address)	(Date of Birth)	(Relationship to Deceased)
(Name)	(Address)	(Date of Birth)	(Relationship to Deceased)
(Name)	(Address)	(Date of Birth)	(Relationship to Deceased)
(Name)	(Address)	(Date of Birth)	(Relationship to Deceased)

INFORMATION TO CLAIMANT

If an employee, in the course of employment, is injured or killed because of the negligence or fault of anyone other than a co-worker (or employee of employer's insurance carrier or employees' union), their statutory dependents may accept workers' compensation benefits and also sue the other person, who caused the injury or death. Such other person is called the THIRD PARTY and any lawsuit or other proceedings against them is referred to as a THIRD PARTY ACTION.

This third party action must be commenced within six months after the award of compensation but not later than one year after the accident occurred (for exception see "ASSIGNMENT" below). The employer (or its insurance carrier) will have a lien on the net recovery actually collected by the claimant from the third party, to the extent of the compensation paid and medical costs incurred.

WITHIN THIRTY DAYS AFTER COMMENCING THE THIRD PARTY ACTION, A COPY OF THIS FORM, COMPLETED AND SIGNED BY YOU MUST BE GIVEN TO EACH OF THE FOLLOWING:

1. THE CHAIR OF THE WORKERS' COMPENSATION BOARD.
2. THE EMPLOYER.
3. THE EMPLOYER'S INSURANCE CARRIER, IF ANY.

ASSIGNMENT

If the claimant does not sue and the employer or insurance carrier serves a written notice on the claimant, in person or by registered mail, 30 days before the end of the one year period, the claimant's right to the Third Party Action will become assigned to the employer, UNLESS, the claimant begins the Third Party Action by the end of the year.

When the employer fails to serve the written notice, the claimant's time to begin suit is extended beyond the one year limitation and until the expiration of 30 days after the mailing of a written notice from the employer or insurance carrier, informing the claimant that the assignment will operate unless the claimant begins the Third Party Action within the 30 day period of the notice.

If the employer or insurance carrier, as such an assignee, recovers from the Third Party, by judgment or otherwise, a sum in excess of the amount of:

1. The compensation award, and
2. the expenses of medical treatment paid by the carrier, and
3. the necessary and reasonable expenses of obtaining the recovery; then two-thirds of such excess shall be paid promptly to the claimant (or the dependents).

A claimant who has complied with the law is assured of receiving a sum equal to the full benefits of workers' compensation even after prosecuting the action against the third party. If the amount recovered and actually collected by the claimant is less than the amount the claimant (or dependents) would have received in a compensation award, the employer or insurance carrier is required to contribute the deficiency (difference) between the amount actually collected by the claimant (or dependents) and the workers' compensation to which they are entitled.

C A U T I O N - SETTLEMENT OF THE THIRD PARTY ACTION BY CLAIMANT (OR DEPENDENTS).

To preserve your right to deficiency compensation, the claimant (or dependents) may not settle the action against the Third Party unless:

1. They first obtains the written approval of the employer or the insurance carrier, or
2. the claim is settled pursuant to a compromise order made by a judge of the court in which the Third Party Action is pending.

(Source: Workers' Compensation Law, Section 29, as amended, effective September 1, 1967 and Sec. 20, VFBL and Sec. 20, VAWBL).

Notification Pursuant to the New York Personal Privacy Protection Law (Public Officers Law Article 6-A) and the Federal Privacy Act of 1974 (5 U.S.C. Sec. 552a).

The Workers' Compensation Board's ("Board") authority to request personal information from claimants is derived from Sections 20 and 142 of the Workers' Compensation Law. This information is collected to assist the Board in processing claims in an efficient manner and to help it maintain accurate claim records.

The Board is strongly committed to protecting the confidentiality of all personal information that it collects. Such information will be disclosed within the agency only to Board personnel and agents in furtherance of their official duties. Personal information will be disclosed outside the agency only in accordance with applicable state and federal law.

The Board's Director of Operations, located at 328 State Street, Schenectady, NY 12305 (877-632-4996), is primarily responsible for the maintenance of agency records containing personal claimant information.

Failure to provide the information requested on this form will not result in the denial of your claim, but may delay the processing of your claim. The voluntary release of your social security number enables the Board to ensure that information is associated with, and quick action is taken on, your claim.

HIPAA NOTICE - In order to adjudicate a workers' compensation claim, WCL13-a(4)(a) and 12 NYCRR 325-1.3 require health care providers to regularly file medical reports of treatment with the Board and the carrier or employer. Pursuant to 45 CFR 164.512 these legally required medical reports are exempt from HIPAA's restrictions on disclosure of health information.