State of New York
WORKERS' COMPENSATION BOARD

VF/VAW ADJUSTMENTS

CARRIER'S REQUEST FOR BENEFIT INCREASE REIMBURSEMENT UNDER SECTION 51
VOLUNTEER FIREFIGHTERS' & VOLUNTEER AMBULANCE WORKERS' BENEFIT LAWS

WCB Case No. _____   Carrier Case No._____

Claimant _____   Social Sec. No. _____

Carrier: _____   ☐ Vol. Fire Claim   ☐ Vol. Ambulance Claim

Carrier Address: _____

Original weekly benefit rate in this claim: $_____   Increased benefit rate effective Jan. 1, 1999: $_____

Original weekly benefit rate in this claim: $_____   Increased benefit rate effective July 27, 2004: $_____   (VAW ONLY)

Original weekly benefit rate in this claim: $_____   Increased benefit rate effective Jan. 2, 2006: $_____

The Carrier requests reimbursement for benefits paid, as follows:

A. Compensation/Death Benefits

_____ Weeks from _____ To _____ at $_____ /wk $_____

_____ Weeks from _____ To _____ at $_____ /wk $_____

_____ Weeks from _____ To _____ at $_____ /wk $_____

B. Lump Sum   .... $_____

C. Re-marriage Award   .... $_____

                        TOTAL OF THIS CLAIM FOR REIMBURSEMENT   **$**_____

1. Does this represent an initial request for reimbursement in this claim?   ☐ Yes   ☐ No

2. If this is the initial request for reimbursement, or re-marriage award, you must attach the following:

    a. A copy of the Notice of Decision establishing the classification and benefit rate or award.

    b. A copy of Form C-8/8.6 verifying the rate change.

CARRIER STATEMENT

I hereby certify that this request for reimbursement made to the Chair of the Workers' Compensation Board is true and correct; that no part thereof has been previously paid and that the amount stated therein is due and owing.

By (Print or Type):_____   Telephone No. _____

Signature: _____   Title: _____   Date: _____

INSTRUCTIONS:

1. Claims for compensation reimbursement should be submitted for 52-week periods.
2. Forward original and one copy, along with any required documentation to:
    WORKERS' COMPENSATION BOARD
    FUND FOR REOPENED CASES UNIT
    328 STATE STREET, SCHENECTADY, NY 12305

3. Retain one copy for your records.

VF/VAW-10 (10-06)   *www.wcb.ny.gov*