PRESCRIBED WORKERS' COMPENSATION BOARD FORMS

A-9	Notice that You May be Responsible for Medical Costs in the Event of Failure to Prosecute, or if Compensation Claim is Disallowed, or if Agreement Pursuant to Wcl §32 is Approved
ADR-1	Alternative Dispute Resolution Program Report of Injury
ADR-1.1	Modification of Previous Report
ADR-2	Alternative Dispute Resolution Program Final Disposition on Settlement of Claim.
ADR-105	Notice of Compliance
AFF-1	Affidavit for Death Benefits
C-2F	Employer's First Report of Work-Related Injury/Illness
C-3.0	Employee's Claim for Compensation
C-3.1	Notice of Consent to Utilize An Employer or Carrier Recommended Network or Health Care Provider
C-3.3	Limited Release of Health Information (HIPAA)
C-4.3	Doctor's Report of MMI/Permanent Impairment
C-8.1B	Notice of Objection to a Payment of a Bill for Treatment Provided
C-8.4	Notice to Health Care Provider and Claimant of an Insurer's Refusal to Pay All (or a portion) of a Medical Bill Due to Valuation Objection(s)
C-11	Employer's Report of Injured Employee's Change in Employment Status/Notice of Return to Work
C-32.1	Section 32 Settlement Agreement - Claimant Release
C-62	Claim for Compensation in Death Case
C-64	Proof of Death by Physician Last in Attendance on Deceased
C-65	Proof of Burial and Funeral Expenses by Undertaker
C-72.1	Record of Percentage Hearing Loss
C-100	Application for License for a Medical Bureau
C-100.1	Application for License for a Laboratory
C-100.2	Affidavit for License to Operate an X-Ray Bureau or Laboratory
C-100.3	Application for Renewal of License to Operate a Medical Bureau Under the WCL
C-100.4	Application of a Voluntary Hospital for Renewal of License to Operate an X-Ray Bureau or Laboratory
C-100.5	Application for Renewal of License to Operate a Laboratory Under WCL

PRESCRIBED WORKERS' COMPENSATION BOARD FORMS

C-105	Notice of Compliance - Workers' Compensation Law
C-105.1	Notice to Be Posted by Employers Under WCL for Automotive or Horse-Drawn Vehicles
C-105.2	Application for Certificate of Workers' Compensation Insurance
C-105.3	Notice of Election of an Incorporated Religious, Charitable, Educational or U.S. War Veteran Organization to Bring Executive Officers Under the Coverage of the WCL
C-105.10	Gummed Label for Use with Form C-105 Upon Renewal of Policy
C-105.31	Notice of Election of a Municipal Corporation or Other Political Subdivision of the State to Bring Executive Officers Under Coverage of the WCL
C-105.32	Notice of Election of a Partnership or Sole-Proprietorship to Bring Partners or Self-Employed Persons Under the Coverage of the WCL
C-105.3SI	Notice of Election of a Self-Insured Religious, Charitable or Educational (S.I.) Corporation to Bring Executive Officers Under the Coverage of the WCL
C-105.4	Revocation of Election of an Incorporated Religious, Charitable, Educational or U. S. War Veterans Organization to Bring Executive Officers Under the Coverage of the WCL
C-105.41	Revocation of Election of a Municipal Corporation or Other Political Subdivision of the State to Bring Executive Officers Under the Coverage of the WCL
C-105.4SI	Revocation of Election of a Self-Insured Religious, Charitable or Educational (S.I.) Corporation to Bring Executive Officers Under the Coverage of the WCL
C-105.51	Notice of Election to Exclude the Sole Shareholder Officer or Two Executive Officers of the Corporation from Compensation Coverage
C-105.52	Notice of Election of a Not-For-Profit Corporation or a Not-For-Profit Unincorporated Association to Exclude an Unsalaried Executive Officer From Coverage Pursuant to Sec. 54, Subd. 6
C-105.53	Revocation of Election of a Not-For-Profit Corporation or Not-For-Profit Unincorporated Association to Exclude an Unsalaried Executive Officer From Coverage Pursuant Sec. 54 Sub. 6
C-105.54	Notice of Election to Bring Sheltered Workshop Participants Under Workers' Compensation Law
C-105.55	Revocation of Election to Exclude Corporate Officers from Compensation Coverage
C-106	Notice of Resolution Adopted by the Board of Fire Commissioners of a Fire District Elec. Pursuant to Sec. 54, Subd. 6a of the WCL Not to Provide WC Coverage For Officers & Employees
C-121	Claim for Compensation and Notice of Commencement of Third Party Action
C-121.2	Notice of Satisfaction of Workers' Compensation Lien from Third Party Recovery Under Sec. 29, Subd. 1&2
C-240	Employer's Statement of Wage Earnings Preceding the Date of Accident

PRESCRIBED WORKERS' COMPENSATION BOARD FORMS

C-251	Carrier's Request for Reimbursement of Compensation Payments Under Section 15-8
C-251.1	Carrier's Request for Reimbursement of Medical Expenses Under Section 15-8
C-256	Claim for Reimbursement of Excess Benefits Paid Under a Welfare, Pension or Benefit Plan
C-257	Claimant's Record of Medical and Travel Expenses
C-256.1	N.Y. State Employees Retirement System Claim for Reimbursement
C-256.2	State Insurance Fund - Claim for Reimbursement of Wages Paid to State Employee
C-300.34	Statement of Unresolved Issues - Special Part for Expedited Hearings
C-300.5	Stipulation
C-430S	Statement of Rights (English/Spanish)
CE-200	Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage
DB-118	Employer's Statement for the Purpose of Terminating Status as a Covered Employer
DB-120	Notice of Compliance - Disability Benefits Law
DB-120.1	Employer's Application for Certificate of DB Insurance
DB-125	Employer Identification Card
DB-130	Employee's Statement of Exempt Status (Under Sec. 235 of the DB Law)
DB-135	Employer's Application for Voluntary Coverage (Employee Contribution Not Required)
DB-136	Employer's Application for Voluntary Coverage (Employee Contribution Required)
DB-150	Application for Self-Insurance
DB-152	Disability Benefits Law - Agreement and Undertaking for Paying Benefits as a Self-Insurer
DB-155	Compliance with Disability Benefits Law (for Board-approved self-insured employers only)
DB-179	Self-Insurer's Surety Bond
DB-179.1	Self-Insurer's Bond - Additional Information
DB-212.3	Notice of Election to Exclude the Sole Shareholder-Officer of the Corporation from DB Coverage
DB-212.5	Notice of Election to Voluntarily Exclude Spouse From Coverage
DB-271S	DB Statement of Rights
DB-381.3	Notice of Satisfaction of Disability Benefits Lien From Third Party Recovery Under Sec. 227, Subds. 1 & 2 DB-450 Notice and Proof of Claim for Disability Benefits

PRESCRIBED WORKERS' COMPENSATION BOARD FORMS

DB-450	Spanish Information Sheet
DB-450.5	Practitioner's Statement
DB-451	Notice of Total or Partial Rejection of Claim for DB
DB-470	Preliminary Claim for Reimbursement of Benefits Paid Under the DBL
DB-680.1	Employer's Report of Excess Dividends or Rate Credits
DB-681	Self-Insurer's Report of Claims, Benefits, Employees, Contributions and Covered Payrolls
DB-800	DBL - Employer Providing Disability Benefits (Application and Agreement)
DB-801	Plan of an Association of Employers or Employees, Union or Trustees Providing Disability Benefits (Application and Agreement)
DB-802	D.B.L. - Employer's Application to Have Association, Union or Trustee Plan Accepted as Employer's Plan
DB-820.1	Supplement to Certificate of Insurance (Schedule of Benefits and Contributions)
DB-820.3	Certificate of Insurance - in Behalf of Association, Union or Trustees
DB-820/829	Certificate/Cancellation of Insurance
DB-829.3	Notice of Cancellation of Contract of Insurance For Association, Union or Trustees
DB-850	Application for Acceptance of Insurance Form
DC-120	Discharge or Discrimination Complaint
DD-1	Direct Deposit of Benefit Authorization Form
DD-2	Biannual Recertification to Entitlement to Benefits
FCE-4	Practioner's Report of Functional Capacity Evaluation
HIMP-1	Health Insurer's Request For Reimbursement
HIPAA-1	Claimant's Authorization to Disclose Health Information (Pursuant to HIPAA)
HP-J1	Provider's Request for Judgment of Award (WCL 54-b)
HP-1	Health Provider's Request for Decision on Unpaid Medical Bill(s)
HP-4	Notice to Chair: Health Provider's and Insurer's Withdrawal of Request for Arbitration
IG-1	Fraud Complaint
IME-3	Practitioner's Report of Request for Information/Response to Request for Information Regarding Independent Medical Examination

PRESCRIBED WORKERS' COMPENSATION BOARD FORMS

IME-4	Practitioner's Report of Independent Medical Examination
IME-5	Claimant's Notice of Independent Medical Examination
IME-7	Statement of Registration, Section 13-n WCL
MR-500	Application for License Under Sec. 13-c, Subd. 3
MR-500.1	Agreement of Medical Center Jointly Operated by Labor and Management Representatives
MR-501	Application for License for a Hospital or HMO
MR/IME-1	Health Provider's Application for Rating Under the WCB
MR/IME-6	Transmittal Letter: Certificate of Authorization
OC-110A	Claimant's Authorization to Disclose Workers' Compensation Records
OC-110AS	Claimant's Authorization to Disclose Workers' Compensation Records (Spanish version)
OC-400	Notice of Retainer and Appearance
OC-400.1	Attorney/Licensed Representative's Application for Fee
OC-401.1	Application for Representative's License with Fee to Appear on Behalf of Claimants
OC-401.1R	Renewal Application Under Sec. 24-a
OC-406	Notice of Retainer and Appearance on Behalf of Employer
OC-407	Self-Insurers' Representative's Bond
OC-408	Licensed Representative's Disclosure of Conflict of Interest
OC-409	Initial Application to Take License Representative's Exam
PH-16.2	Pre-Hearing Conference Statement
PS-4	Psychologist's Report
R	Carrier's Report on Rehabilitation
RB-8	Request for Reimbursement and Certificate of Accuracy (Form C-8/8.6)
RB-8.1	Request for Reimbursement and Certificate of Accuracy (Uninsured Employer's Fund)
RB-8.2	Request for Reimbursement and Certificate of Accuracy (Uninsured Employer's Fund)
RB-89	Cover Sheet - Application for Board Review
RB-89.1	Cover Sheet - Rebuttal of Application For Board Review
RFA-2	Carrier's Request for Further Action

PRESCRIBED WORKERS' COMPENSATION BOARD FORMS

SI-1	Application for Self-Insurance
SI-3	Agreement of Self-Insurer
SI-6	Self-Insurer's Report of Payroll for All Operations
SI-8	Self-Insurer's Surety Bond
SI-8.1	Surety Bond Rider
SI-12	Affidavit Certifying that Compensation Has Been Secured (Board-approved self-insurer only)
SI-15	Agreement of Parent and Subsidiary Corporations for Consolidated Deposits
SI-15.1	Resolution of the Board of a Self-Insured Corporation Regarding Consolidated Deposit (Subsidiary Corporation)
SI-15.2	Agreement of Consolidation of Deposits of Corporation and Inactive Subsidiary Corporations
SI-15.3	Resolution of the Board of Directors of Corporation Regarding Consolidation of Deposits (Inactive Corp.)
SI-15.4	Agreement for Consolidation of Deposits of Corporation and Inactive Subsidiary or Predecessor Corporation SI-15.5 Resolution of the Board of Directors of Predecessor Corporation
SI-15.6	Agreement for Payment of Workers' Compensation Liability
SI-22	Certificate of Excess Carrier Evidencing Payment of Claims Under Excess Contract
SI-26	Notice of Election by a Political Subdivision or Fire District to Secure Compensation as a Self-Insurer
SIG-1.1	Application for Participation in Group Self-Insurance Plan and Employer's Report of Payroll & Loss Experience
SIG-3.1	Notice of Termination of Employer's Participation in Group Self-Insurance Plan
SIG-105.2	Certificate of Participation in Workers' Compensation Group Self-Insurance
VAW-1	Notice to Liable Political Subdivision or Ambulance Service of Volunteer Ambulance Worker's Injury or Death
VAW-3	Volunteer Ambulance Worker's Claim for Benefits
VAW-62	Claim for Volunteer Ambulance Workers' Benefit in Death Case
VAW-105	Notice of Compliance with Volunteer Ambulance Workers' Benefit Law
VF-1	Notice to Liable Political Subdivision of Volunteer Firefighter Injury or Death
VF-3	Volunteer Firefighter Claim for Benefits
VF-62	Claim for Volunteer Firefighter Benefit in Death Case

PRESCRIBED WORKERS' COMPENSATION BOARD FORMS

VF-105	Notice of Compliance With Volunteer Firefighters' Benefits Law
VF-501	Volunteer Firefighter Benefit Rates (Death Benefits)
VF/VAW-10	Carrier's Request for Benefit Increase Reimbursement Under Section 51-2, VFBL/VAWBL
VF/VAW-11C	Volunteer's Notification of Executive Officer of Fire/Ambulance Company of Significant Risk of Transmission of HIV
WTC-12	Registration of Participation in World Trade Center Rescue, Recovery and/or Clean-Up Operations
WTCVol-3	World Trade Center Volunteer's Claim for Compensation