Reporting an injury

By law, employers are required to report injuries that their workers suffer while on the job. If your worker has been injured, you have 72 hours after becoming aware of an injury or illness to submit the Employer Report of Injury form. The sooner we receive your information, the faster we can determine entitlement to bene to and services for your worker.

You need to submit a report to WCB if the accident results in, or is likely to result in:

- lost time or the need to temporarily or permanently modify work beyond the date of accident.
- death or permanent disability (amputation, hearing loss, etc.).
- a disabling or potentially disabling condition caused by occupational exposure or activity (such as a mental health concern, poisoning, infection, respiratory disease, dermatitis, etc.).

incurring medical aid expenses (dental treatment, eyeglass repair or replacement, prescription medications, etc.).

• the need for medical or mental health treatment beyond rst aid (assessment by physician, psychologist, physiotherapist, chiropractor, etc.).

The numbers refer to question numbers on the form that may



Page two of form

Please II in your worker's name, Social Insurance Number, and date of birth at the top of the second page in case the pages get separated.

Accident Detailscontinued)

7 Do you have any concerns affecting the acceptance of this claim? Use this area to describe your concerns. If you need more space, please attach a letter.

Return to Work Details

8 Please II out all of the information that applies.

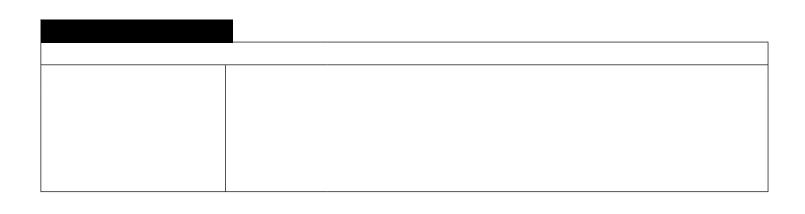
Employment Type Details

- Complete one of the following
 A or B or C
 - Complete A if your worker works for you 12 months per year.
 - Complete B if your worker works only part of the year, even though you may call the worker back to work each year. To correctly set the amount of compensation, we need to know the total number of days or months per year you would employ someone doing the same job as the injured worker, even if the work period starts and ends several times.
 - Complete C if the injured person is an owner/operator, subcontractor, or does piece work.

EMPLOYER REPORT §

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Earnings Details

Complete one of the following A or B

A. Gross earnings
Provide the worker's gross earnings
for the 1 year period prior to the
date of injury; or from the date the
worker received a pay raise or job
change in the past year; or from the
date the worker was hired if less
than 1 year from the date of injury.

Example:

Your worker was injured on June 4, 2014. Provide gross earnings for the period June 4, 2013 to June 3, 2014. A T4 slip for the previous year is not suff cient.

Gross earnings include:

- Basic hourly, weekly, biweekly, or monthly pay
- Overtime pay
- · Shift differentials
- Bonuses
- · Statutory Holiday pay
- Gratuities

- The dollar value of the employer-subsidized portion of employer-provided accommodation if the worker loses the accommodation because of the accident.
- The dollar value of an isolation allowance if the allowance is a permanent part of the job and the worker loses the allowance because of the compensablC [()-212()]u/Spa(hz2e)Tj 0 -1. ofermanent part of

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What happens when your worker is injured at work

Employer

Your worker immediately informs you. You complete and send a form to WCB within 72 hours.

Doctor

Your worker sees a doctor about the injury. The doctor completes and sends a form to WCB within 48 hours of your worker's visit.

Worker

Your worker completes a Worker Report of Injury or Occupational Disease form and sends it to WCB as soon as possible.

Employer's

WCB registers your worker's claim and assigns it to a staff member.

If more information is required to make a decision or if some is missing, WCB will contact you, your worker, or their doctor. This causes delays in payment.

Claim not accepted

The legislative and policy requirements were not met by the information collected. Your worker will be advised of the reason by phone and in writing. They have the option to appeal within one year.

The legislative and policy requirements were met. Bene ts and services may include

Claim accepted

- Wage loss replacement
- Medical costs
- Case management services
- Return-to-work assistance

Appeal

Any questions?

Edmonton: 780-498-3999 Calgary: 403-517-6000 Toll Free: 1-866-922-9221

Time lost claims

WCB assigns your worker's claim to an adjudicator who makes the initial bene t decisions.

If your worker needs additional rehabilitation support to return to work, the claim may be transferred from an adjudicator to a case manager.

No time lost claims

Your worker has not missed work past the day of injury, a claim process team will monitor their medical treatment.

Teams also review letters and reports for evidence a claim may require adjudication.