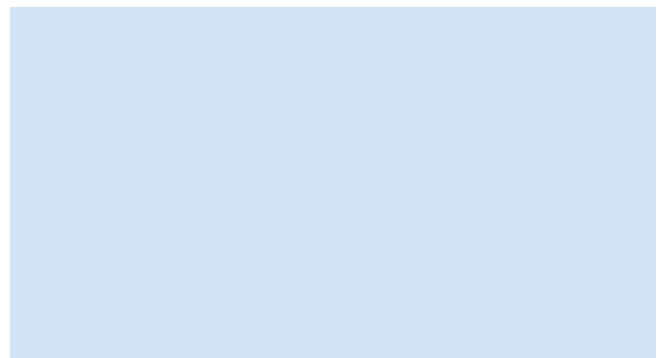
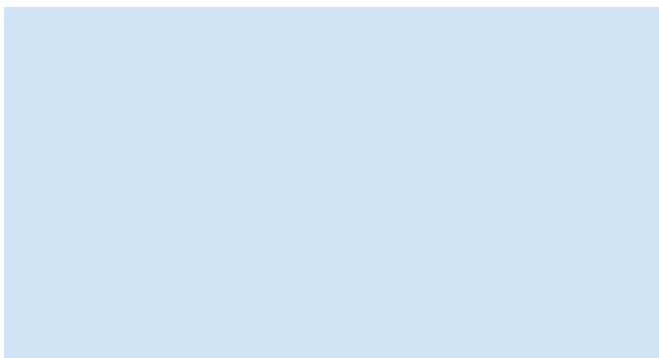
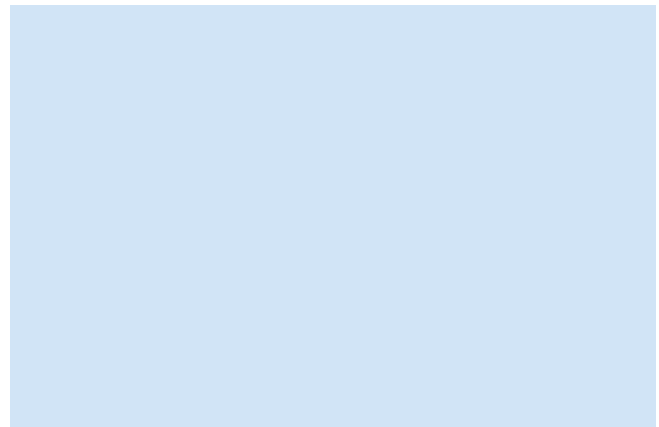
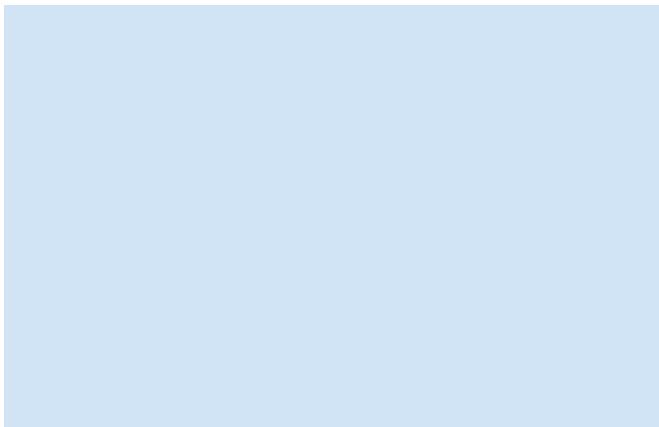


Reporting an injury

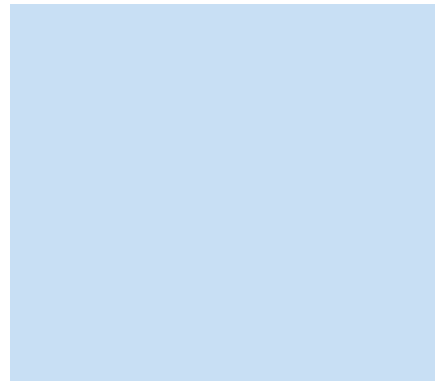
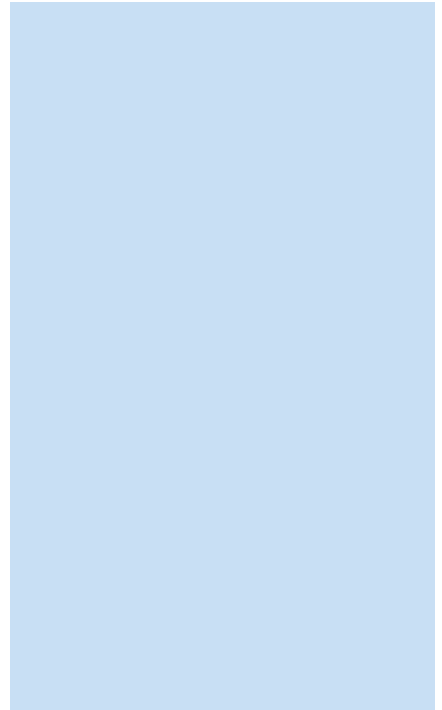
By law, employers are required to report injuries that their workers suffer while on the job. If your worker has been injured, you have 72 hours after becoming aware of an injury or illness to submit the Employer Report of Injury form. The sooner we receive your information, the faster we can determine entitlement to benefits 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.).
- ❑ the need for medical or mental health treatment beyond first aid (assessment by physician, psychologist, physiotherapist, chiropractor, etc.).
- ❑ incurring medical aid expenses (dental treatment, eyeglass repair or replacement, prescription medications, etc.).



The numbers refer to question numbers on the form that may







Page two of form

Please fill 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 Details^(continued)

- 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 fill out all of the information that applies.

Employment Type Details

- 9** 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.

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[Icon]	[Icon]	<small>(Year / Month / Day)</small>



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 sufficient.

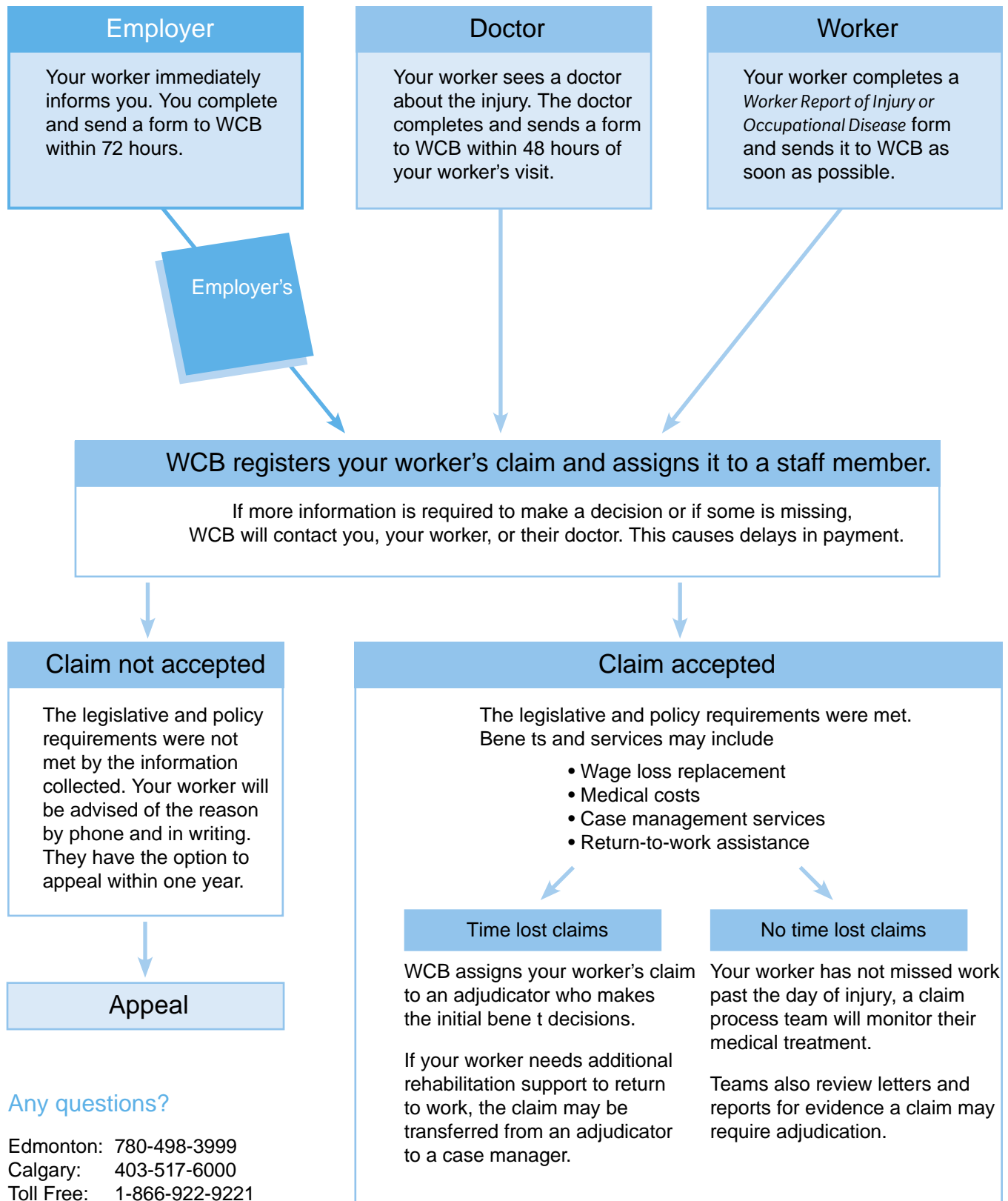
Gross earnings include:

- 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



Any questions?

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