

New York Workers' Compensation

Form Number	Form Name
A-9	Notice That You May Be Responsible for Medical Costs...
ADR-1	Report of Work-Related Injury or Occupational Disease
ADR-1.1	Alternative Dispute Resolution Program Modification of Previous Report
ADR-2	Alternative Dispute Resolution Program Final Disposition of Claim
C-2	Employer's Report of Work-Related Injury/Illness
C-3	Employee Claim
C-3.1	Notice of Right to Select a WC Board Authorized Health Care Provider
C-3.3	Limited Release of Health Information
C-4	Doctor's Initial Report
C-4.2	Doctor's Progress Report
C-4.3	Doctor's Report of MMI/Permanent Impairment
C-4AUTH	Attending Doctor's Request for Authorization/Carrier's Response
C-5	Attending Ophthalmologist's Report
C-7	Notice that Right to Compensation is Controverted
C-8.1	Notice of Treatment/Disputed Bill Issues
C-8.4	Notice to Health Care Provider and Injured Worker of a Carrier's Refusal to Pay All (or a portion of) a Medical Bill Due to Valuation Objection(s)
C-8/8.6	Notice that Compensation has been Stopped or Modified
C-11	Employer's Report of Change in Employment Status
C-21	Application for Lump Sum Payment
C-22	Application for Approval Non-Schedule Adjustment
C-25	Application for Reopening More than 7 Years After Accident
C-27	Medical Proof of Change in Condition in Support of Application for Reopening of Claim
C-32	Settlement Agreement – Section 32 WCL
C-32.1	Section 32 Settlement Agreement: Claimant Release
C-62	Claim for Compensation in a Death Case
C-64	Proof of Death
C-65	Proof of Burial and Funeral Expenses by Undertaker
C-121	Claim for Compensation and Notice of Third Party Action
C-121.2	Notice of Satisfaction of WC Lien from Third Party Recovery
C-220	Notice of Issuance of New Policy or Reinstatement
C-221	Notice of Cancellation or Intention not to Renew
C-240	Employer's Statement of Wage Earnings
C-250	Notice of Claim for Reimbursement Out of the Special Disability Fund
C-251	Carrier's Request for Reimbursement
C-251.1	Carrier's Request for Reimbursement of Medical Expenses
C-251.2	Carrier's Request for Reimbursement of Compensation Payments
C-251.3	Notice of Right to Reimbursement of Compensation Payments
C-256	Claim for Reimbursement of Excess Benefits
C-256.1	Claim for Reimbursement
C-256.2	Claim for Reimbursement of Wages to State Employee
C-257	Claimant's Record of Medical and Travel Expenses
C258	Claimant's Record of Job Search Efforts/Contacts
C-300.5	Stipulation
C-300.34	Statement of Unresolved Issues
C-370	Assignment to Chairman, Action against Physician
C-430S	Statement of Rights
C-669	Notice to Chair of Carrier's Action on Claim for Benefits
CB-8	Request for Conciliation

DB-212.5	Notice of Election to Voluntarily Exclude Spouse from Coverage
DB-271S	Statement of Rights - Disability Benefits Law
DB-300	Notice and Proof for Disability Benefits
DB-450	Notice and Proof of Claim for Disability Benefits
DB-451	Notice of Total or Partial Rejection of Claim
DB-455	Notice of Disability Benefits Payment
DB-470	Claim for Reimbursement Under Disability Benefits
DB-850	Application for Acceptance of Insurance Form
DC-120	Discharge or Discrimination Complaint
EC-32.1	Claimant Release for Section 32 Waiver Agreement
HP-1	Health Provider's Request for Decision on Unpaid Medical Bill(s)
HP-4	Notice to Chair WC Board Withdrawal of Request for Arbitration
HP-J1	Providers Request for Judgment of Award
IME-3	Practitioner's Report of Request for Information Response To Request Regarding Independent Medical Examination
IME-4	Practitioner's Report of Independent Medical Exam
IME-5	Claimant's Notice of Independent Medical Exam
IME-7	Statement of Registration
MD-1	Attending Doctor's Request for Medical Authorization Determination
MD-3	Carrier/Self-Insured Employer's Objection to Attending Doctor's Request for Medical Authorization Determination
MD-4	Carrier/Self-Insured Employer's Objection to Board's Affirmance of Order of the Chair Authorizing Special Services
MG-1	Attending Doctor's Request for Optional Approval and Carrier's/Employer's Response
MG-2	Attending Doctor's Request for Approval of Variance and Carrier's Response
MR/IME-1	Health Provider Application for Authorization Under the WC Law
OC-110A	Claimant's Authorization to Disclose WC Records
OC-110A.1	Section 110-a Affirmation/Affidavit
OC-400	Notice of Retainer/Substitution and Appearance
OC-400.1	Application for Fee by Claimant's Attorney or Representative
OC-400.5	Attorney/Representative's Certification of Form C-3 or C-7
OC-406	Notice of Retainer & Appearance on Behalf of Employer
OC-408	Disclosure of Conflict of Interest
OT/PT-4	Occupational/Physical Therapist's Report
PH-16.2	Pre-Hearing Conference Statement
PS-4	Attending Psychologist's Report
R	Carrier's Report on Rehabilitation
RB-89	Cover Sheet - Application for Board Review
RB-89.1	Cover Sheet - Rebuttal of Application for Board Review
RB-89.2	Cover Sheet - Application for Reconsideration/Full Board Review
RB-89.3	Cover Sheet - Rebuttal of Application for Reconsideration/ Full Board Review
RF-25	Request for Photocopies of Hospital Records
RFA-1LC	Request for Further Action by Legal Counsel
RFA-1W	Request for Assistance by Injured Worker
RFA-2	Carrier's Request for Further Action
VAW-1	Notice to Liable Political Subdivision-VAW
VAW-2	Political Subdivision's Report of Injury to Ambulance
VAW-3	Volunteer Ambulance Workers Claim for Benefits
VAW-62	Claim for Ambulance Workers' Benefits in Death Case
VF-1	Notice to Liable Political Subdivision-VF
VF-2	Political Subdivision's Report of Injury to Firefighters
VF-3	Volunteer Firefighter's Claim for Benefits

VF-62	Claim for Firefighter's Benefits in Death Case
VF-VAW-10	Carrier's Request for Benefit Increase Reimbursement
VF/VAW-11C	Volunteer's Notification of Executive Officer of Fire/Ambulance Co. of Significant Risk of Transmission of HIV