wcb Saskatchewan Workers' Compensation Board
200 - 1881 Scarth Street
Regina SK S4P 4L1
www.wcbsask.com
Phone: 306.787.4370
Toll free: 1.800.667.7590
Fax: 306.787.4311
Toll free fax: 1.888.844.7773

Click on any field to start editing.

W1

Reset Form

Worker's Initial Report of Injury

WCB claim number: _____

Reporting options: **1) WCB Teleservice 1.800.787.9288** **2) www.wcbsask.com** **3) Fax**

Section A: Worker Information

Name, address, postal code

Occupation: _____

Social Insurance Number: _____

Provincial Health Number: _____

Date of birth: _____ (MM/DD/YYYY) Gender: ☐ Female ☐ Male

Phone: _____

Do you require translation services? If yes, _____ language.

Email: _____

Section B: Employer Information

WCB firm number: 0300063E Industry rate code: G5101

Name, address, postal code

Ministry of Advanced Education
Work Based Learning Assignments Post Secondary
1120 - 2010 12th Avenue
Regina, SK
S4P 0M3

Employer contact person: _____

Phone number of contact: _____

Section C: Injury Information

1. Injury date: _____ (MM/DD/YYYY) 2. Reported to employer on: _____ (MM/DD/YYYY) 3. Reported to: _____

4. Province of injury: _____ 5. Area of body injured: _____

6. How did the injury happen? _____

7. Name of care provider: _____

8. Name of hospital or clinic: _____

9. Have you lost time from work, due to the injury, after the day of the injury? ☐ Yes ... go to Section D ☐ No ... go to Section F

Section D: Wage and Employment Information

10. First day off work due to this injury: _____ (MM/DD/YYYY) Time: _____ ☐ a.m. ☐ p.m.

11. Have you returned to work? ☐ Yes ☐ No If yes... enter the date and time: Date: _____ (MM/DD/YYYY)

12. How are you paid? If regular salary: Hourly $ _____ per hour _____ hours per week; If monthly $ _____ per month
If non-regular: ☐ Piecework ☐ Contractor ☐ Owner / Operator ☐ Casual ☐ Other (explain) _____

13. If you have regular days off mark which days: ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

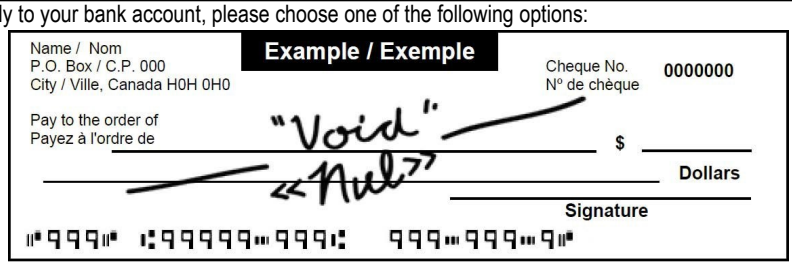
14. Do you have other sources of employment income? ☐ Yes ☐ No If yes... attach employer names and phone numbers.

15. Will you be paid by your employer for time loss due to the injury? ☐ Yes ☐ No

Section E: Direct Deposit Information

If you wish to have your compensation payments made directly to your bank account, please choose one of the following options:

- Please attach a void cheque to this form (see example beside) and fax directly to the WCB at **1.888.844.7773**, or mail to the WCB; **OR**
- Have someone from your bank complete, sign and stamp a bank deposit request form and fax directly to Finance or mail it to the WCB; **OR**
- If you need assistance, call 1.800.667.7590.



Please note: If you change or close your account, let the WCB know in writing to avoid any delay in payment.

Section F: Declaration

I declare all the information provided is true and correct. I understand that criminal prosecution or penalties may result from any attempt to (1) obtain compensation benefits by fraudulent means and/or (2) prevent collection of compensation benefits.

Please print & sign form before mailing/faxing.

Date MM/DD/YYYY _____ **Name (please print)** _____ **Signature** _____

When writing to the WCB, please print name and claim or firm number.

MISSION: ZERO