

**Worker's Initial Report of Injury**

WCB claim number: \_\_\_\_\_

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

**Section A: Worker Information**

Name, address, postal code

Occupation: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Provincial Health Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: ☐ Female ☐ Male  
MM/DD/YYYY

Phone: \_\_\_\_\_

Do you require translation services? If yes, \_\_\_\_\_ language.

Email: \_\_\_\_\_

**Section B: Employer Information**

Name, address, postal code

WCB firm number: \_\_\_\_\_

Industry rate code: \_\_\_\_\_

Employer contact person: \_\_\_\_\_

Phone number of contact: \_\_\_\_\_

**Section C: Injury Information**1. Injury date: \_\_\_\_\_ 2. Reported to employer on: \_\_\_\_\_ 3. Reported to: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

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: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
MM/DD/YYYY11. 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 ☐ Sat14. 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.

|                                       |  |                          |  |              |         |
|---------------------------------------|--|--------------------------|--|--------------|---------|
| Name / Nom                            |  | <b>Example / Exemple</b> |  | Cheque No.   | 0000000 |
| P.O. Box / C.P. 000                   |  |                          |  | N° de chèque |         |
| City / Ville, Canada H0H 0H0          |  |                          |  |              |         |
| Pay to the order of                   |  | "Void"                   |  | \$           |         |
| Payez à l'ordre de                    |  | <<Null>>                 |  |              | Dollars |
|                                       |  | Signature                |  |              |         |
| ⑈ 9999 ⑈ ⑈ 999999 9999 ⑈ 999 9999 9 ⑈ |  |                          |  |              |         |

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.

Date MM/DD/YYYY

Name (please print)

Please print &amp; sign form before mailing/faxing.

Signature