

How Does the System Really Work?

Immediately

The worker obtains the necessary medical treatment and notifies his/her supervisor about the accident and how it occurred.

The employee notifies the employer of the accident in writing, as soon as possible, but within 30 days.

The employee files a claim with the Board on Form C-3 by filing the form with the appropriate District Office. This must be done within two years of the accident, or within two years after the employee knew or should have known, that the injury was related to employment.

Within 48 hours of the accident

The doctor completes a preliminary medical report on Form C-4 and mails it to the appropriate District Office. Copies must also be sent to the employer or its insurance carrier, the injured worker, and his/her representative, if any.

Within 10 days of notification of the accident

The employer reports the injury to the Board and the insurance company on Form C-2.

Within 14 days of receipt of Form C-2

The insurer provides the injured worker with a written statement of his/her rights under the law. This must be done within 14 days after receipt of the C-2 from the employer or with the first check, whichever is earlier.

Within 15 days of initial treatment

The doctor completes a 15-day report of the injury and treatment on Form C-4 and mails it to the District Office.

Within 18 days after the first day of disability OR 10 days after the employer first has knowledge of the alleged accident OR within 10 days after the carrier receives Form C-2, whichever is greater

The insurer begins the payment of benefits if lost time exceeds seven days. If the claim is being disputed, the insurer must inform the Workers' Compensation Board (and the claimant and his/her representative, if any). If the claim is not disputed, but payment is not being made for specific reasons stated on the notice, (e.g. that there is no lost time or that the duration of the disability is less than the 7-day waiting period), the insurer must also notify all the parties.

The insurer files Form C-669 or C-7 with the Board indicating either that payment has begun or the reasons why payments are not being made. If the employee does not notify the employer timely, this notice may be filed within 10 days of learning of the accident.

A copy of the C-669 or C-7 must be transmitted to the claimant and his/her attorney or licensed representative, if any, simultaneously with the filing with the Board.

Within 25 days of the notice of indexing

Where controverted - When the Board notifies an employer or its insurance carrier that a workers' compensation case has been indexed against the employer, and the employer or insurance carrier decides to controvert the claim, a notice of controversy (Form C-7) shall be filed with the Board within 25 days from the date of mailing of the notice of indexing. Failure to file the notice of controversy within the prescribed 25 day time limit could bar the employer and its carrier from pleading certain defenses to the claim.

Where not controverted - If the right to compensation is not controverted but payment has not begun because no compensation is presently due, prescribed form C-669 shall be filed with the Board not later than 25 days after the Board has transmitted a notice of indexing a case to the employer or its insurance carrier.

Every 2 weeks

The insurer continues to make payments of benefits to the injured employee (if the case is not being disputed). The carrier must notify the Board on Form C-8 when compensation is stopped or modified.

Every 45 days

The doctor submits progress reports on Form C-4 to the Board.

After 8 weeks

The insurer considers the necessity of rehabilitation treatment for the injured employee.

**Failure to file a claim or give the employer notice
may result in the loss of rights to compensation.**