

WORKERS' COMPENSATION BOARD

100 Broadway - Menands
Albany, NY 12241
(518) 486-3352

DATE FORM EC-84 SENT: 11/13/00 Corrected
STATUS: ** Hearing Set ** INJURY - Head and Back

NOTICE OF INDEXING CASE

WCB CASE NO.	CARRIER ID NO.	CARRIER CASE NO.	DATE OF ACCIDENT	SOCIAL SECURITY NO.
99999999	W999999	999999	02/10/00	123-45-6789

XYZ Insurance Company
1 Main St
Albany, NY 12345

A file has been prepared, numbered as above, in which you are indicated as the carrier. If this case is not properly charged to you, please return this form immediately, stating in space provided below the reason you are not on the risk.

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Improperly Charged (Explain)

(If you receive more than one notice of indexing in connection with the same injury, please notify us of the duplication, specifying both W C B Case Numbers.)

If properly charged, kindly send this office the forms listed below which are required to complete the file.

Medical Report; Payroll of Employee;

Your attention is directed to Section 25 of the Workers' Compensation Law, as amended, which provides that a penalty of \$150 may be imposed for failure either file the prescribed notice of controversy or to begin payment of compensation within the required period. Section 25 (W.C.L) is applicable to volunteer firefighters and volunteer ambulance workers' benefit cases pursuant to Section 49 (V.F.B.L. and V.A.W.B.L.).

If no forms are listed, none is now requested and this letter will serve as notice of the Workers' Compensation Board case number. To facilitate claims examining kindly refer to this number on all reports and in correspondence.

If forms requested have already been filed, additional filing is not required.

In cases where wages are paid by the employer as an advance payment of compensation, and where reimbursement is or will be sought, you are hereby directed to file with the Board before award of compensation is made, proof of claim of reimbursement consisting of receipts of advance payments of compensation signed by the claimant and written request for reimbursement signed by the employer showing the amount of advance payments made, the period of disability for which payments were made, the dates of such payments and the amount requested as reimbursement.

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION

PARTIES OF INTEREST

XYZ Finance PO Box Y Hudson Falls, NY 12839	
Davey Jones 130 Hudson Ave ALBANY, NY 12170	