

WCB-Alberta

# Worker Handbook

Your forms and guide  
to WCB-Alberta  
benefits and services

*Effective December 2018*



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## Tell your employer details of your injury.

After receiving notice, your employer is required by law to report the injury within 72 hours if:

- You need treatment beyond first aid, or
- You missed time from work or adjusted your job beyond the day of accident.
- In most cases, your employer is required to hold your job while you recover if you've been with them for over a year.

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## Tell your doctor, physiotherapist or chiropractor you were injured at work.

- They are required by law to report the injury to WCB within 48 hours.
- Let your doctor know WCB can help them expedite testing and consultations for you, if needed.

# Hurt at work?

Get the immediate first aid you need, then follow these steps.

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## Tell WCB— it's your right.

Report online at [www.wcb.ab.ca](http://www.wcb.ab.ca) right away.

Your employer may also have copies of the reporting form available.

### Report early

The sooner WCB gets your information, the faster they can help you get better.

### Remember

Modified work is a safe way to resume your job. Talk to your doctor and employer to find things you can do at work while recovering.

### Need more information?

Call toll free 1-866-922-9221 or visit our website at [www.wcb.ab.ca](http://www.wcb.ab.ca)

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# Principles of the workers' compensation system

- Workers are eligible to receive benefits for work-related injuries no matter who is at fault for the accident.
- WCB is funded entirely by employers.
- Employers and workers have immunity against lawsuits for work-related accidents by others who are also protected under the system.
- Compensation should be fair and take into account both the nature of the injury and the impact on employment earnings.
- Premiums should be fair and should cover the full costs of claims, today and into the future.
- Adjudication decisions are made in favour of the injured worker where all evidence for and against is equally balanced.
- The system is structured and operates in ways that ensure its long-term stability and financial security as well as its overall cost-effectiveness.

**IMPORTANT:** You have the right to make a WCB claim if you are hurt at work. It is against the law for your employer/supervisor to ask you not to report an injury.

If you get in trouble for reporting, or are pressured not to report, please call 1-866-922-9221. You have a right to report your injury to WCB.

## Working with WCB-Alberta

Depending on the nature of your injury or illness and the length of your recovery, you may work with a number of different people at WCB.

Once a claim is registered, it is assigned to an adjudicator who will confirm your eligibility for benefits. If you need time off work because of your injury and your job cannot be adjusted so you can do it while recovering, your claim will be assigned to a case manager.

Your case manager will help you develop a proactive rehabilitation and return-to-work plan. He or she will be in frequent contact with you, your employer and your treatment provider to help you access treatment for your recovery and to return to work safely.



# Who is covered?

Employers and workers in most industries are covered by the workers' compensation system. However, some industries are exempt, not compulsory, and do not require coverage. If you are not sure if you are working in an industry that requires coverage, ask your employer or call WCB-Alberta.

Unpaid workers are automatically considered covered workers if their for-profit employer operates in a compulsory industry. Volunteers working for not-for-profit employers are covered only if the employer chooses to purchase optional coverage for them.

## Your coverage

- You are covered whether you are a full-time, part-time, temporary or casual worker.
- You have no waiting period for coverage to begin.
- We use employment earnings information provided by you and your employer to determine your wage benefits. If you are paid in cash, we need proof of this pay to determine your compensation. If required, we will ask you to provide the earnings you report to the Canada Revenue Agency for a period prior to the time of your injury.

## Self-employed: personal coverage

If you are a business owner, you are not automatically covered by workers' compensation legislation—only your workers are. Optional personal coverage is available to:

- business owners with or without workers
- partners in a partnership
- directors of a corporation and members of a society, board, authority, commission or foundation

More information is available on our website under [Insurance and Premiums > Types of coverage > Personal coverage](#).

## Your rights as a worker

- You can expect fairness and impartiality from WCB-Alberta on any issue arising under the *Workers' Compensation Act*.
- You may request a review of a benefit decision within 12 months of the date of decision.
- You are presumed to be honest unless shown to be otherwise.
- You will be treated with courtesy and respect by all WCB-Alberta employees.
- You have access to information about your claim.
- You can expect privacy and confidentiality.
- You have access to your claim file. Your first copy of your file is free of charge.

### Protection from lawsuit

If you are covered by workers' compensation insurance, you cannot be sued or sue the person or company responsible for your injury if they are also covered. If your injury was caused by a company or person not covered by the Act (a third party), WCB-Alberta may take legal action against the third party on your behalf. A representative of the Legal Services department will contact you if it appears legal action is warranted.

# Types of benefits available

If you are injured at work, and your claim is accepted, you are entitled to various benefits. Your benefits are based on what you need to recover and return to work.

- **Wage replacement.** While you are off work for medical reasons, we will replace your wage based on 90% of your net earnings. See **page 7** for more detail.
  - **Coordination of, and payment for, the medical treatments you need.** We are here to help you recover. We will coordinate and pay for the health care services you need. We will also expedite health care services where possible to help you get the care you need quickly. Here are some examples of the kinds of services available:
    - medical tests
    - doctor visits and reporting (they tell us about your injury and recovery by completing forms and reports)
    - physiotherapy and chiropractic appointments
    - hospital stays
    - prescriptions
- For a more exhaustive list of medical benefits, see **page 8**.
- **Assistance while recovering from serious injuries (like surgery).** If you are not able to perform household tasks because of your serious injury, we will coordinate and pay for various services. We pay for things like:
    - Regular housecleaning and personal care tasks immediately following a serious injury or surgery if there is no one else in the home to assist with these activities (e.g., bathing assistance, food preparation, wound care, regular housekeeping).
    - Large housekeeping tasks inside the home (e.g., cleaning bathrooms, moving the fridge, washing walls and floors)—chores that will put you in an awkward position and are difficult to do.
    - Large tasks outside the home (e.g., lawn care, cleaning eaves troughs, snow shoveling).
  - **Longer-term personal care assistance.** If you are severely injured and suffer from permanent impairment and need help performing everyday tasks, we coordinate help based on your needs. Things like:
    - banking
    - bathing assistance
    - bathroom assistance
    - food preparation
    - wound care
  - **Home and car modifications.** If you are severely injured and need changes to your home or car, we will coordinate and pay for this support.
  - **Travel and accommodations.** If you need to travel outside your city to receive medical care and rehabilitation services, we will pay for and coordinate your travel and accommodations. If you need help after receiving treatment, we may also pay for a chaperone to accompany you. If this person loses time from work, a fee may be paid to them by WCB. Before arranging this, contact your adjudicator or case manager for more information. Expenses may include:
    - mileage or transportation expenses
    - meal allowance
    - accommodations
    - child care
  - **Return-to-work planning with your employer.** When an injury happens, your employer is responsible under legislation to offer you modified work when it is safe for you to return. Once you have been cleared to return to work in some capacity, we will work with you and your employer to determine how you can contribute to the workplace while recovering. We will ask for your insight and opinion on what you think you can do at work. We will discuss and negotiate modified work options. Working while you recover keeps you connected to your workplace and has proven to reduce the length of time needed to recover. Modified work can be a change in your job, performing different tasks or reducing your hours.

- **Vocational services.** If you cannot return to your pre-accident job because of your injury, we will help you identify a new job option. A vocational specialist will work with you to take an inventory of your current skills, interests, education and experience to help determine what you need to be successful in a new job. We may pay for training or education, and will help you build interview skills. See **page 8** for more detail.
- **Permanent impairment payment.** If you have lost a body part, the use of a body part, system or function, or have a change or disfigurement of any body part, system or function you may be entitled to a lump sum payment. Your impairment is assessed and measured by a doctor approximately two years after your return to work or your latest surgery to allow for maximum healing time and accurate assessment.

## What kinds of injuries and diseases are covered?

An injury or disease is covered by workers' compensation insurance if it arises from and occurs in the course of employment.

Types of injuries or diseases considered work-related:

- **Traumatic injuries** – These injuries happen suddenly, causing trauma to the body. Broken bones, severe cuts and burns are some examples of traumatic injuries.
- **Injuries caused by repeated activities** – These injuries include strains or sprains caused by doing the same activity over and over again. For example, an assembly line worker may develop tendonitis in the wrist as a result of job duties.
- **Occupational diseases** – These diseases are caused by some condition at the worksite. For example, coal miners may develop black lung disease as a result of their jobs, or a nurse may become infected with a disease from a contaminated needle.
- **Re-injury** – Re-injury occurs when you hurt an old work-related injury during work. If you have a recurrence or trouble working because of an old work-related injury, call us to find out if you should file a new claim or report the injury as part of your old claim.

Types of injuries or diseases **not** considered work-related:

- Pre-existing or underlying health problems (diabetes, arthritis, old sports injuries, etc.).
- Injuries arising from serious and willful misconduct.
- Injuries that happen outside of work.

### Report your injury – it's your right

If you believe your injury is work-related, it should always be reported. We review claims on a case-by-case basis to determine whether the reported injuries are covered through the workers' compensation system. Benefits cannot be paid through WCB if the injury is not work-related.

#### *Working for an Alberta employer in another province*

If you work for an Alberta employer but are injured in another province, you may have the right to elect which compensation board administers your claim before you report. Complete the Right of Election form, found on our website using the quick search bar under *Resources > For workers > Forms and guides*.

# The claim process

## 1. You are hurt at work.

Someone has notified WCB of your injury by submitting a report—you, your employer, doctor, physiotherapist or chiropractor. It is required by law for these professionals to submit a report to WCB if they know you have been hurt at work, and you are entitled to benefits if you need help to recover.

## 2. We will call you if you missed time from work. We will confirm:

- How you got hurt.
- What part of the body you hurt.
- What your job title is, who your employer is and their contact information.
- What your day-to-day duties are.
- What doctor you saw and when.
- If you are back to work or back to work on modified duties.
- What your earnings are (this is how we determine your wage replacement benefits).

## 3. We will help you recover.

We will provide the health care services you need and we will pay you wage replacement benefits while you cannot work.

## 4. We will keep in touch.

We will call you regularly, and you will receive a letter every six weeks or sooner if something in your claim has changed.

## 5. We will help you return to work.

Even if you cannot perform all of your duties, we want to help you return to work when it's safe to do so. Your employer is required to provide you with modified work. If you and your employer need help identifying possible modified work options, we can help you. Modified work can be:

- Changes in your job tasks or functions (e.g., less lifting or bending, changes in your workload like hours worked per day or your work schedule).
- Alterations to your work area and environment (e.g., work in the office, shop or front counter) or the equipment you use to do your job.
- Work that is normally performed by others.

If your injuries prevent you from returning to your job, your case manager will talk to you about training and skills development opportunities. Your benefits are based on the severity of your injury and the impact your injury/illness has had on your ability to return to your date-of-accident level of work and income.

### *Your treatment and recovery are important.*

We want you to feel better. A healthy, positive recovery is one of the most important parts of successfully returning to work. We review each situation individually to determine the benefits and services that are best suited to you and your recovery. We place a strong focus on rehabilitation that will get you back to your pre-accident job.





# Benefits during your claim

Once your claim is accepted you may be entitled to benefits. These can vary depending on the seriousness of your work injury, as well as the impact on your ability to continue working. Your adjudicator and/or case manager will review your claim to ensure you receive the right benefits at the right time during your recovery. If you have questions about any benefits you may be entitled to, please ask.

## Important information about your benefits

- Your wage replacement benefits start the next working day after you are injured. Your employer must pay you for the entire day the injury happened.
- You should receive your first wage replacement benefit payment from WCB-Alberta within 14 days of WCB-Alberta registering your new claim.
- You will be paid wage replacement benefits as long as medical evidence shows you are unable to return to work due to your injury.
- Compensation benefits are not taxable. However, you must report your workers' compensation benefits to the Canada Revenue Agency. WCB-Alberta sends you a T5007 by the end of February for your tax claim for the previous year.
- Compensation benefits may include earnings from a second job. If you had a second job when you were injured, and your injury prevents you from doing the second job, WCB-Alberta will also consider those earnings when setting your compensation rate. Make sure to tell your adjudicator or case manager about your second job.
- You may leave the province for a short time if your doctor and WCB-Alberta confirm your trip will not delay your recovery.
- If you move out of Alberta, your wage replacement benefits will not change unless the move delays your recovery and return to work. You must remain in regular contact with WCB-Alberta.
- Long-term compensation benefits are protected from inflation. Every year WCB-Alberta reviews long-term workers' benefits and determines if a cost of living increase should be applied.

- If your injury or illness causes you to be absent from work and if you had an employer- paid health benefit plan, you are entitled to the same benefits for up to one year following the date of accident\*.

*\*Applies to all claims with a date of accident on or after Sept. 1, 2018. If you were paying into the benefit plan before the accident occurred, you must also continue to do so.*

## Wage replacement

Wage replacement refers to replacing lost income resulting from your work-related injury or illness. To pay you wage replacement benefits we set a compensation rate based on the amount of money you were earning at the time of your work-related injury/illness. We may also consider other lost sources of income. Once we have your gross earnings we calculate your taxable net income by subtracting income tax, CPP and employment insurance. We then calculate 90 per cent of your taxable income to set your compensation rate.

Wage replacement benefits are subject to a maximum amount for any accidents on or before August 31, 2018. If your date of accident was on or after September 1, 2018 there is no maximum. This maximum amount is set by our Board of Directors each year. The maximum compensable earnings amount only applies to you if you earned more than the amount set by our board for the year you were injured. If you earned more than the maximum amount, your compensation would be based on the maximum amount.

Wage replacement is paid only while you are unable to work due to your work injury. If you are able to work you are no longer eligible for wage replacement benefits but may continue to receive support though other benefits.

## Medical benefits

Making sure you get the right treatment at the right time is important to your recovery. We help you by paying for your medical care. This includes but are not limited to:

- care and reporting from your doctor
- medications to manage your injury\*
- physiotherapy
- chiropractic treatment
- prescriptions
- hospital care
- dental—for dental injuries
- optometry—for eye injuries
- medically related treatments and tests
- acupuncture
- rehabilitation programs
- psychology services
- hospital-related costs (like casting)
- splints
- crutches
- wheelchairs
- braces
- orthotics
- hearing aids—for hearing loss injuries
- lump-sum payment for permanent disability or impairment (see **page 5** for description)
- bandages

*\*Opioid medications have specific limitations. Please discuss this with your adjudicator or case manager.*

Depending on the severity of your injury there may be additional medical benefits we can offer. Your case manager will give you additional information regarding nursing care, attendant care, home modifications, and more.

Most medical benefits are covered up front while others are reimbursed. This means that you may need to pay for the service and then submit receipts for reimbursement from us. Talk to your health care provider about billing us directly for the services we have approved.

## Return-to-work and vocational services

If your injuries prevent you from returning to your job, your case manager will talk to you about training and skills development opportunities. Your services are based on the severity of your injury and the impact your injury/illness has had on your ability to return to your date-of-accident level of work and income. Here are some of the services we offer:

- Return-to-work skills profile is an assessment where we outline, together, your current skills and abilities to help identify realistic employment options. This could include educational background, work history, interests, hobbies, and language ability.
- Resumé development /review will help you learn to write a resumé that will stand out and help you get selected for interviews.
- Job planning is where we work with you to identify return-to-work options that match your abilities and are available in or near the community where you live. This is a 25-day process where you work with a vocational specialist to determine job options based on your education, experience, interests and skills. If you require more support, we have custom supports that focus on your areas of need. We have specific coaching modules that focus on values and perceptions, how to move forward and build momentum in order to build confidence, communication, emotion and conflict management and goal setting. These modules help you work through key elements needed for return-to-work success.
- Training-on-the-Job (TOJ) program is designed to help you get a new job when you cannot return to your pre-accident job. If you find a job that requires onsite training, we will share the costs of training for the new position with your new employer. While in the TOJ program, you receive your full salary and we reimburse the employer a percentage of the salary paid while you learn the new position.

- An academic assessment will help us determine if an educational program or long-term retraining is a good option for you.
- Job coaching is available if you need help adjusting to a new job or returning to your previous job after an injury. It provides onsite support for both you and your employer to make sure you are successful in your return to work. This includes developing a gradual return-to-work plan, if needed.
- Supported job search helps you develop effective job search techniques and identify potential new employers. It also provides collaborative support before and after job interviews.

## Expenses not covered through workers' compensation benefits

*Alberta Health Care:* You are responsible for your Alberta Health Care coverage costs. We provide coverage only for the treatment and medical aid benefits for your compensable injury/illness. The Alberta Health Care Insurance Plan provides coverage for you and your family for all your other health needs.

*Private or semiprivate hospital room:* We pay public ward rates for hospitalization unless there is a medical need (as stated by a hospital room social worker, spinal cord team or consultant) for a private or semi-private room. If you request a private or a semi-private room when it is not medically required, you or your insurance carrier will be responsible for the extra costs.

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## How your benefits are paid to you

We typically pay your compensation benefits directly to you. However, your employer may choose to continue paying you while you recover. Should this be the case, we will send your benefit cheques to your employer to reimburse him/her for the money paid to you.

### Sign up for direct deposit

Wage replacement benefit payments can be made to you by direct deposit, a service where payments are deposited directly into your bank account on the payment date. We provide this service to you at no charge.

To sign up for direct deposit from WCB:

1. Complete the direct deposit request form, found on our website using the quick search bar under [Resources > For workers > Forms and guides](#).
2. Fax your form and void cheque to our secured fax number (780-498-7776) to ensure privacy of your personal information.

### Expense reimbursement

If you have to pay up front for an expense related to your injury/illness (e.g., travel expense, prescriptions, etc.) we will reimburse you. To receive reimbursement for expenses you have been approved for, simply submit the original receipts to your adjudicator or case manager. Make sure your name and claim number are clearly marked on each receipt. We will let you know in advance the expenses that are approved. Your reimbursements can also be directly deposited into your bank account if you choose. Simply follow the process for direct deposit.

## Remember:

We may need more information from you to decide which benefits you are eligible for, so it is a good idea to keep track of information related to your claim.

### Keep a record of:

- the names of health care providers
- medications
- health care appointments
- health care treatments
- expenses related to your claim
- time lost from work

### Keep copies of:

- receipts for expenses related to your claim (original receipts are needed to reimburse you for costs related to your work-related injury)
- doctors' notes
- information you send WCB
- letters from WCB

## Providing new information about your claim

If you have any new information you want us to consider, or if something has changed that may impact your claim, please ensure you let us know. You can call the Claims Contact Centre or your case manager.

We are committed to protecting client information under the *Freedom of Information and Protection of Privacy (FOIP) Act*, therefore we do not email claim-specific information.

## Your responsibilities after filing a claim

- Use your claim number when you write letters or call us.
- Follow the treatment plans developed by your health care providers.
- Keep your appointments with your health care providers (doctors, physiotherapists, chiropractors, etc.).
- Talk to your doctor about your progress so you understand when you can return to work.
- Inform us of any changes in your medical recovery.
- Both you and your employer are required to cooperate with each other and WCB in a safe return to work. Take an active role in your return-to-work planning and in identifying suitable job duties you can do while you recover.
- Tell us when your doctor tells you that you are fit to return to work. If you return to work early, make sure you understand and follow any work restrictions so your re-employment is safe.
- Advise us if you stop working or need to change your duties because of your injury.
- Ask questions. It's your right to understand the help available to you.

## Your personal information

The *Workers' Compensation Act* gives WCB-Alberta the authority to collect relevant personal information from you and other sources. This information is placed in your file to help determine the benefits and services you may be entitled to receive. Information related to your claim costs is also used to help determine the premiums employers pay.

WCB-Alberta may use and disclose the information collected to determine entitlement, to provide services and benefits and, as required or authorized by law. This information may be used and disclosed pursuant to the *Workers' Compensation Act* and the *Freedom of Information and Protection of Privacy Act*.

## Employer access to your claim file

You and your employer both have an interest in your claim, and are entitled to receive fair and equal treatment. Like you, your employer can hire an advocate, and they can request a copy of your claim file from WCB-Alberta to participate in a review or appeal when issues could affect them directly. If your employer does ask for a review of your claim, you will be notified and invited to attend meetings that affect you.

## Survey data

To help WCB-Alberta improve services, we hire an independent research company to survey a sample of injured workers when their claims end. The research company may contact you to take part in the survey. The research company does not tell us who has been contacted and no names are attached to any of the survey responses.

Basic information about your claim may be shared with a research partner contracted by WCB to conduct customer satisfaction surveys.

*On our website, [www.wcb.ab.ca](http://www.wcb.ab.ca), we have many resources available to you.*

### **There are fact sheets about:**

- How your compensation rate is set.
- How we determine if a disability is permanent and the compensation available.
- Hospitalization benefits you are entitled to.
- Additional supports you may be entitled to, to help you continue to live at home if you've been severely injured.
- And more....

### **We also have videos you can watch to learn more about:**

- What you can expect from your employer, health care provider and us.
- Modified work and how it can help you.
- Millard Health and what you can expect from them during your recovery.
- Speaking with your doctor about working while you recover.



# What to do if you disagree with a decision

## If you disagree with a decision on your claim, you have options.

We are committed to making claim decisions that are fair. It is important to us that you understand the decisions that affect your claim. You can question any decision made on your claim. You will receive a phone call from us to explain any decisions we make, and we will listen to and address any concerns you may have. We will follow up these discussions with decision letters. It is important you read these carefully to understand the decisions made and the rationale behind them.

We know that sometimes you may not agree with some of the decisions we make, and we're here to help. It is important you know the next steps when it comes to questioning a decision made on your claim.

## Please, give us a call

If you don't understand or don't agree with a decision on your claim, please call your adjudicator or case manager. He or she will explain the decision and answer your questions. At any time, if you have new information that could affect your claim decision, let your adjudicator or case manager know. We are always willing to consider new information. You can also call and ask to speak to a supervisor.

In cases where informal discussion does not resolve your concerns, there is a formal review process you can follow.

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# How to request a review of a WCB decision

## 1. Submit a request for review form

If you've been unable to resolve your concerns with your adjudicator or case manager and would like to have your decision formally reviewed, you can request a review within one year of the decision date. You can complete the request for review form, found on our website using the quick search bar under [Resources > For workers > Forms and guides](#) or request a paper version by calling our contact centre at 1-866-922-9221.

Once the form is received, a supervisor will contact you to work towards resolution.

### *Time limit for review*

You have one year from the date of a decision letter to submit a request for review. In some situations we can extend the time limit if it has been more than a year since the decision was made.

You can request an extension of the deadline by writing to the Dispute Resolution and Decision Review Body (DRDRB) to outline your circumstances (e.g., you were late submitting a request due to a medical or physical condition). The mailing address is: *PO Box 2415, Edmonton, AB T5J 2S5.*

Be sure to submit any documentation you have to support your reason for the delay. The DRDRB will consider your reason and the overall fairness of granting an extension.

## 2. Get help from the Fair Practices Office – Workers Appeals Advisor Branch

If you'd like some assistance with submitting your review request, you can contact the Fair Practices Office (FPO). The FPO was established to advance the interests of injured workers and their dependents.

The FPO acts independently of WCB when representing workers and, whenever possible, they try to work directly with WCB's Customer Service areas to resolve issues so that a formal appeals hearing is not necessary. There is no charge to you for this service.

Toll-free phone number: 1-866-427-0115.

Email: [fpo@gov.ab.ca](mailto:fpo@gov.ab.ca)

Website: [www.FPOAlberta.ca](http://www.FPOAlberta.ca)

## 3. Review the decision with the Dispute Resolution and Decision Review Body (DRDRB)

If resolution has not been reached through your adjudicator, case manager or by a supervisor, the supervisor will forward the review form to the DRDRB.

This department is made up of resolution specialists who will determine if the decision was correct. Before your file is reviewed, a resolution specialist will contact you to make sure he/she understands your specific issue and concern. You will have an opportunity to explain your issue to the specialist and you will determine the best approach to take to resolve your issue, such as an in-person meeting or a telephone conference.

Once the review is complete, the resolution specialist will send you a written decision. If you do not agree with the DRDRB's decision, you can appeal in writing to the Appeals Commission, which is independent from WCB. For all decisions dated September 1, 2018 or later, you have two years from the date of the DRDRB's decision to appeal to the Appeals Commission.

They can be reached at:

### Calgary Office

Amec Place

#2300, 801 - 6th Avenue SW

Calgary, AB T2P 3W2

Ph: 403-508-8800

Fax: 403-508-8822

### Edmonton Office

Standard Life Centre

#1100, 10405 Jasper Avenue

Edmonton, AB T5J 3N4

Ph: 780-412-8700

Fax: 780-412-8701

If you are calling long distance within Alberta, you can use the Government of Alberta RITE System by calling 310-0000. If you are calling long distance outside of Alberta, call 1-866-222-4109.

# Injury Report Instructions

The numbers refer to question numbers on the form that may require additional explanation.

## Worker Details

### 1 Have your work duties been modified?

Your duties have been modified if your employer made changes to regular job duties, as a result of an injury. For example, tasks or functions, workload (e.g., hours or work schedules), environment or work area, equipment.

*Please indicate if you are working as an apprentice.*

## Employer Details

### 2 Please complete all the information.

## Accident Details

### 3 Date and time of accident

If your injury developed over a period of time, indicate either the date of first medical treatment or the date you first reported it to your employer and check the box at the right. On the next line, give your start and end times on the day of the accident.

### 4 Date accident/injury reported to employer

Please provide an accurate date and time someone from your work was made aware of your injury. Name the person, their position and their contact information. If you could not report your injury immediately, please provide a reason.

### 5 Describe fully what happened to cause the injury

In your own words, tell us about your injury. If a repetitive strain injury, include your typical actions and how often you repeat them on the job – twisting, typing, pushing and pulling. If any lifting, indicate the weight.

*Example: I walked into our walk-in cooler to get a 50 lb. sack of potatoes. I bent down, picked up the sack, and turned to my right to leave. I felt a pull in my lower back and dropped the potatoes on my right foot. As a result, I injured my back and my right foot.*

Should you need more space than the area provided, please attach a letter.

**Call the Claims Contact Centre 780-498-3999 or 1-866-922-9221 if you are reporting one of the following:**

#### 1. Repetitive strain injury

For example, a typist developed tendonitis in the wrist as a result of job duties.

Describe fully the job duties done each day. Include the time spent at each task.

#### 2. Occupational disease

Describe hearing loss, respiratory problems, etc. due to prolonged exposure to gas, chemicals, loud noises, etc.

#### 3. Motor vehicle accident

Send us a copy of the police report, when available. Fill out the Automobile Accident Report in this booklet.

### 6 Location of accident

Wherever the accident occurred, please provide a street address, if possible. Otherwise, indicate the location, such as 25 km east of Edmonton on Hwy 16, an oilrig site. If it is a motor vehicle accident, include the direction of travel.

### 7 Employer provided health benefits

Employers are required to pay the health benefits of their injured workers for up to one year\* following the date of accident. A health care benefit includes services covered under basic health plans. If as a worker, you were contributing to any premiums, you must also continue to pay what you were paying before the accident or illness for this benefit coverage to continue.

*\*If you voluntarily end your employment during the coverage period, your employer will no longer be entitled to provide health benefits past the last day of employment.*



Seven digit claim #: \_\_\_\_\_

<b>Worker Details</b>		Past the date of injury: Have you been off work? <input type="checkbox"/> Yes <input type="checkbox"/> No		① Have your work duties been modified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name:		First name:		Initial:	
Mailing address: Apt# _____,		Social Insurance #: _____			
City:	Province:	Postal code:	Personal health #: _____		
Phone number:		Date of birth: _____ <small>(Year / Month / Day)</small>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F		
Occupation and job description:					
Are you an apprentice? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date you would have obtained journeyman status: _____ <small>(Year / Month / Day)</small>			
Date hired: _____ <small>(Year / Month / Day)</small>		Are you a partner or director in the business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have personal coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, coverage number: _____			

<b>Employer Details</b>		② Employer business name: _____			
Mailing address:					
City:	Province:	Postal code:			
Contact name:	Title:	Phone:	E-mail:		

<b>Accident Details</b>	
③ Date/time of accident: _____ <small>(Year / Month / Day)</small> Time: _____:_____:_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. or <input type="checkbox"/> the injury/condition developed over time	
Date/time scheduled shift started (if applicable): _____ <small>(Year / Month / Day)</small> Time: _____:_____:_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Date/time scheduled shift ended (if applicable): _____ <small>(Year / Month / Day)</small> Time: _____:_____:_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
④ Date accident/injury reported to employer: _____ <small>(Year / Month / Day)</small>	
Name of person and their position: _____ Phone number: _____	
If not reported immediately, give the reason: _____	
⑤ Describe fully, based on the information you have, what happened to cause this injury or disease. Please describe what you were doing, including details about any tools, equipment, materials, etc. you were using. State any gas, chemicals or extreme temperatures you may have been exposed to:  _____	
<input type="checkbox"/> Cardiac condition/injury? <input type="checkbox"/> Claimed to another WCB? Province: _____	
<input type="checkbox"/> Motor vehicle accident? If you have a police collision report, please send a copy by mail or fax once you have a claim number. Please also complete the WCB Automobile Accident Report. _____	
If you have more information or a list of witnesses, please attach a letter. Please check this box if letter is attached. <input type="checkbox"/>	
Have you had a similar injury before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a letter with details.	
Was the work you were doing for the purpose of your employer's business? <input type="checkbox"/> Yes <input type="checkbox"/> No Was it part of your usual work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the accident/injury occur on employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location where the accident happened (address, general location or site): _____	
⑥ Full name of treating hospital or healthcare professional: _____	
Address: _____	
Phone: _____	
When did you first seek medical treatment? _____ <small>(Year / Month / Day)</small> Is any further treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
⑦ Did your employer provide health benefits to you at the time of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will your employer continue paying the benefit premium? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Please fill in your name, Social Insurance Number and date of birth at the top of each page of the form in case the pages get separated.

*Remember to complete all three pages and sign the form before sending.*

### Injury Details

Indicate the part of your body that was injured, what side of your body and what type of injury it is. When your doctor or chiropractor sends in your medical report we will confirm your injury.

#### 8 Return-to-Work Details

Please complete all the information that applies.

### Employment Details

#### 9 Complete one of the following A or B or C.

- Complete A if you work 12 months per year with the same employer.
- Complete B if you work only part of the year (subject to seasonal or lack of work layoffs).
- Complete C if you are self-employed, are a sub-contractor or do piecework.

### Earnings Details

#### 10 b) Additional taxable benefits:

##### Vacation and statutory holiday pay

Please indicate if you are paid holiday and stat pay as an additional percentage on your paycheque or, if these days are included as days off with pay.

#### Shift premiums

Complete if you receive pay in addition to your regular rate of pay (e.g., 50¢ paid per hour for night shift). Provide your gross shift premium earnings for one year prior to the date of injury (less if you have not worked a full year).

#### Overtime

Complete only if you work the same number of hours overtime each week, month or shift cycle.

#### 10 c) Second job

Provide a contact name and telephone number for a second job. If this injury causes you to miss earnings from that job, WCB-Alberta will consider these earnings when your compensation rate is set. Your second employer may be contacted.

*If you do not know your hours of work and wage information, you can get them from your employer.*

### Hours of Work Details

#### 11 a) Number of hours

Indicate your regular hours of work. Do not include overtime here.

Worker's last name:	Worker's first name:	Initial:
Social Insurance #:	Date of birth:	<small>(Year / Month / Day)</small>

<b>Injury Details</b>	What part of body was injured? (hand, eye, back, lungs, etc.)	<input type="checkbox"/> Left side <input type="checkbox"/> Right side
What type of injury is this? (sprain, strain, bruise, etc.)		

<b>Return to Work Details</b>	<b>Please complete all that apply</b>
<input type="checkbox"/> I understand that I have a legal obligation to cooperate with my employer and WCB in arranging my safe return to work. Exceptions: Short-term or some seasonal workers, subcontractors and workers with personal coverage.	
<b>8</b> a. Will/did your employer pay you while off work? <input type="checkbox"/> Yes, pre-accident wages <input type="checkbox"/> Yes, revised rate of pay <input type="checkbox"/> No <input type="checkbox"/> Unknown Revised rate of pay: \$ _____ per _____	
b. Date you first missed work: _____ <small>(Year / Month / Day)</small>	c. If you have returned to work indicate date: _____ <small>(Year / Month / Day)</small>
Current work status: <input type="checkbox"/> Regular work duties, or <input type="checkbox"/> Modified work duties <input type="checkbox"/> Regular hours of work, or <input type="checkbox"/> Modified hours of work: _____ hrs per _____ If you are working modified duties please describe: _____	
Approximate date you expect to return to work: _____ <small>(Year / Month / Day)</small>	
Is your expected return to work: <input type="checkbox"/> Within 2 weeks <input type="checkbox"/> 2-8 weeks <input type="checkbox"/> 2-6 months <input type="checkbox"/> 6+ months <input type="checkbox"/> Unknown	

<b>Employment Type Details</b>	<b>(Complete A or B or C. Select your type of employment.)</b>
<b>9</b> <b>A</b> Permanent position employed 12 months of the year:	
<input type="checkbox"/> Permanent full-time <input type="checkbox"/> Permanent part-time <input type="checkbox"/> Irregular/casual	
or <b>B</b> Non-permanent position employed only part of the year (subject to seasonal or lack of work layoffs):	
<input type="checkbox"/> Seasonal worker <input type="checkbox"/> Summer student <input type="checkbox"/> Temporary position	
Had this injury not occurred, your last day of employment would have been:	
Position start: _____ <small>(Year / Month / Day)</small>	Position end: _____ <small>(Year / Month / Day)</small> <input type="checkbox"/> Estimated, or <input type="checkbox"/> Actual
How many months or days are workers employed in this position? _____	
or <b>C</b> Special employment circumstance:	
<input type="checkbox"/> Sub contractor <input type="checkbox"/> Vehicle owner/operator <input type="checkbox"/> Welder owner/operator <input type="checkbox"/> Commission <input type="checkbox"/> Piece work <input type="checkbox"/> Volunteer <input type="checkbox"/> Self-employed	
Do you incur expenses to perform the work (materials, tools, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No      Will you receive a T4? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Note: If you have checked any box in 8C please submit a detailed income and expense statement.</b>	

<b>Earning Details</b>
a. Your rate of pay at time of accident: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
<b>10</b> b. Additional taxable benefits:
Vacation pay: _____ <input type="checkbox"/> Taken as time off with pay <input type="checkbox"/> Paid on a regular basis % _____
<input type="checkbox"/> Shift premium <input type="checkbox"/> Overtime <input type="checkbox"/> Other
Please describe: _____
c. Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes – Employer's name: _____      Phone: _____ <small>(Second employer may be contacted)</small>
d. Did you miss time from this second job? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please attach earning information and time missed details.



Please fill in your name, Social Insurance Number and date of birth at the top of each page of the form in case the pages get separated.

Remember to complete all three pages and sign the form before sending.

WORKER REPORT

Worker's last name:	Worker's first name:	Initial:
Social Insurance #:	Date of birth:	(Year / Month / Day)

**Hours of Work Details**

11 a. Number of hours (not including overtime):  per week

Describe your work schedule (e.g., Monday to Friday, on. Saturday to Sunday, off.):

**Declaration and Consent**

I declare that the information in the Worker Report of Injury or Occupational Disease form will be true and correct.

I understand that:

- While I am receiving any benefits from WCB-Alberta, it is my obligation to inform WCB-Alberta immediately if I return to work of any kind, become capable of working or if there is any other change in my employment status. Work includes but is not limited to any activity in which labour or services are provided, whether or not payment of any kind is received.
- Criminal prosecution may result from any attempt on my part to collect benefits by providing false information, failing to provide information regarding my ability to work, or other fraudulent means.
- My employer may request a review or appeal of any decisions made on my claim and may therefore examine my claim file. My claim file may also be examined by anyone with a direct interest, as determined by WCB-Alberta, or a person or company I have authorized to review my claim file. (To provide authorization, use the Worker's Information Release form in the *Worker Handbook*).
- My social insurance number may be used for reporting to Canada Revenue Agency.
- WCB-Alberta may collect information that it considers relevant to determine benefit entitlement, including information pre-dating my accident, from any source including physicians, other health care providers, employer(s) and vocational rehabilitation service providers. This information is collected to determine my entitlement to compensation under the *Workers' Compensation Act*.

WCB-Alberta may use and disclose the information collected to determine entitlement, to provide services and benefits and, as required or authorized by law. This information may be used and disclosed pursuant to the *Workers' Compensation Act* and the *Freedom of Information and Protection of Privacy Act*.

Date:  (Year / Month / Day)

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Signing the above consent enables the Workers' Compensation Board to process your claim.**

**NOTE:** The information required in the *Worker Report of Injury or Occupational Disease* is collected under sections 33(a) and (c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of determining entitlement to compensation and for determining employers' premium rates. Questions may be directed to the Claims Contact Centre as noted on the front of this form and on the back of the *Worker Handbook*. The information provided to the Workers' Compensation Board is protected by the provisions of the *Freedom of Information and Protection of Privacy Act*.

**Automobile Accident Report**

If your injury was sustained in an automobile accident, fill out and send this form along with the Worker Report.



# AUTOMOBILE ACCIDENT REPORT

Claim number

Worker's Surname		First name		Initial	Date of birth (Year / Month / Day)	
Home address Street		City/Town		Province		Postal code
Phone number		Your insurance company and policy number				
Business address Street		City/Town		Province		Postal code
Phone number						
Make of vehicle	Year	Model	Serial number	License number and province		
Describe damage						
						Estimate of damage
Name of driver of your vehicle			Age	Driver's license number		
Residence address Street		City/Town		Province		Postal code
Business phone number						
Date of accident (Year / Month / Day)		Time		Were you wearing a seat belt?		
				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location of accident						
Purpose vehicle used for at time of accident			Weather condition		Road condition	
Your speed		Direction		Other's speed		Direction
Police investigation by					Charges	
Had you taken any alcoholic beverages or drugs prior to the accident <input type="checkbox"/> Yes <input type="checkbox"/> No						
Who was responsible for the accident – reason						
Owner of other vehicle				Owner of other vehicle		
Phone number				Phone number		
Address				Address		
Make of vehicle		Year		Make of vehicle		Year
Model		License number and province		Model		License number and province
Name of insurance company		Policy number		Name of insurance company		Policy number
Description of damage				Description of damage		
Name of driver		Phone number		Name of driver		Phone number
Address				Address		



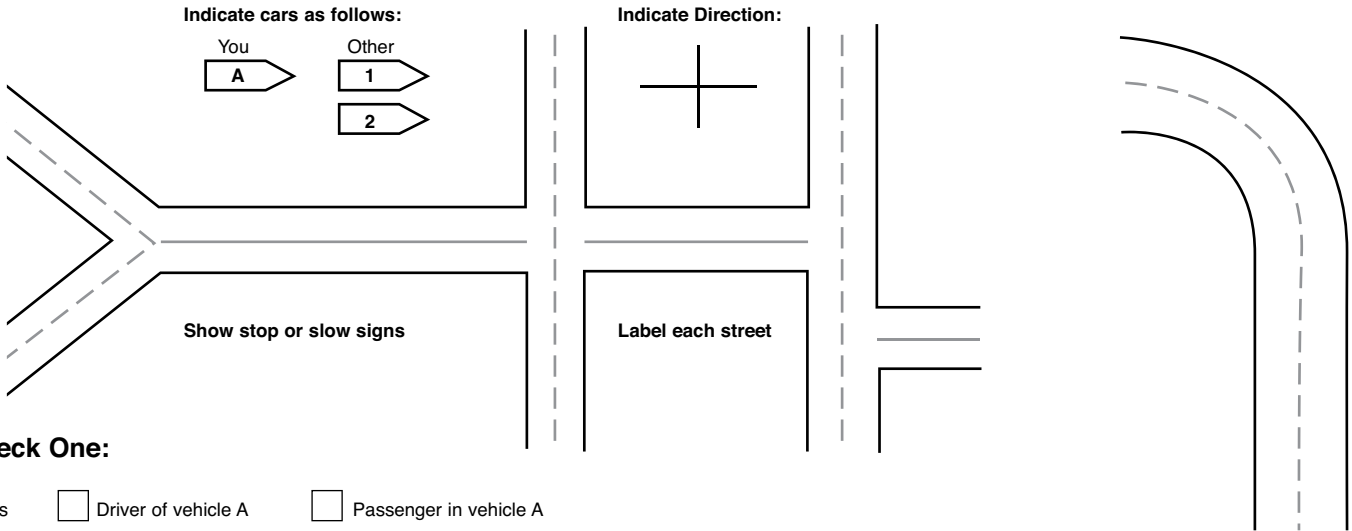
Worker's <i>Surname</i>	<i>First Name</i>	<i>Initial</i>	Claim Number
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**Details of Accident – Witnesses**

Name	Name	Name
Address	Address	Address
Telephone Number	Phone Number	Phone Number
In which Car? <input type="checkbox"/> Your Car <input type="checkbox"/> Other Car #1 <input type="checkbox"/> Other Car #2 <input type="checkbox"/> Other	In which Car? <input type="checkbox"/> Your Car <input type="checkbox"/> Other Car #1 <input type="checkbox"/> Other Car #2 <input type="checkbox"/> Other	In which Car? <input type="checkbox"/> Your Car <input type="checkbox"/> Other Car #1 <input type="checkbox"/> Other Car #2 <input type="checkbox"/> Other

**Description of Accident**

Illustrate position of cars at time of collision. Show skid marks.  
 (If any street is more than two lanes or is one way only, please indicate.)



**Check One:**

I was  Driver of vehicle A     Passenger in vehicle A

Describe the accident in your own words (attach separate sheets if necessary.)


(Year / Month / Day)



REV JUNE 2018

Date

Signature \_\_\_\_\_



# How to reach us

If you need more information or have questions about the information in this handbook, please call one of the numbers below. **Please have your WCB–Alberta claim number ready when you call.**

## Claims Contact Centre

### Edmonton

**Mailing address**

PO box 2415  
Edmonton, AB T5J 2S5

**Inquiries**

Phone: 780-498-3999  
Fax: 780-427-5863  
Email: [contact.centre@wcb.ab.ca](mailto:contact.centre@wcb.ab.ca)  
Hours: 8 a.m. to 4:30 p.m.,  
Monday through Friday

**Street address**

9912-107 Street  
Edmonton, AB T5K 1G5

**Access to Information**

Phone: 780-498-3999  
Fax: 780-498-7867

### Calgary

**Mailing address**

PO box 2415  
Edmonton, AB T5J 2S5

**Inquiries**

Phone: 403-517-6000  
Toll free Fax: 1-800-661-1993  
Email: [contact.centre@wcb.ab.ca](mailto:contact.centre@wcb.ab.ca)  
Hours: 8 a.m. to 4:30 p.m.,  
Monday through Friday

**Street address**

150, 4311-12 Street N.E.  
Calgary, AB T2E 4P9

### Toll free

**Inquiries**

Phone within Alberta: 1-866-922-9221 to reach the contact centre or enter the area code and seven digit number of the office you wish to reach  
Phone outside Alberta: 1-800-661-9608  
Fax within Canada: 1-800-661-1993  
Fax outside Canada: Not available – please fax claims to 780-427-5863  
Hours: 8 a.m. to 4:30 p.m., Monday through Friday

### FOIP Office

**Mailing address**

PO box 2415  
Edmonton, AB T5J 2S5

**Inquiries**

Phone: 780-498-3876  
Fax: 780-498-4823

## Millard Health

131 Airport Road  
Edmonton, AB T5G 0W6

Phone: 780-498-3200  
Fax: 780-498-3907  
Hours: 7 a.m. to 7 p.m., Monday through Thursday  
7 a.m. to 5 p.m., Friday



[www.wcb.ab.ca](http://www.wcb.ab.ca)