



How to submit worker expenses online

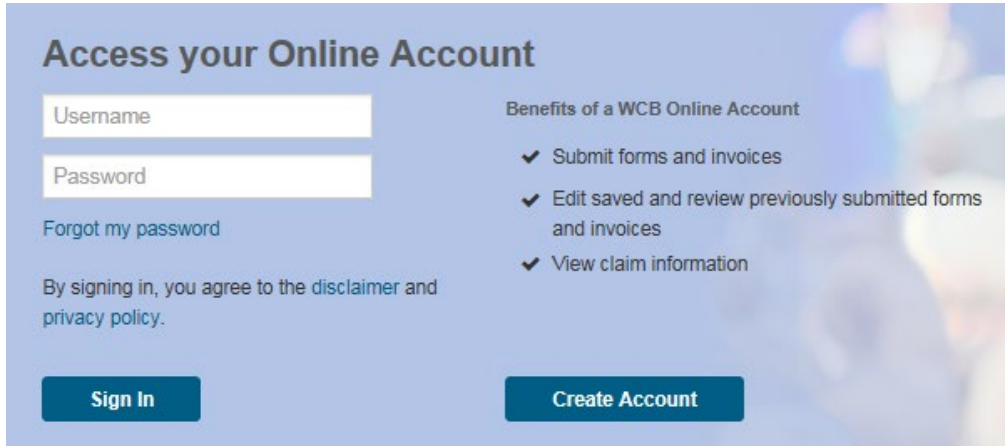
Saskatchewan Workers' Compensation Board

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Submitting expenses to the WCB through online services

1. Sign in to the WCB online account (myaccount.wcbsask.com) with your username and password.

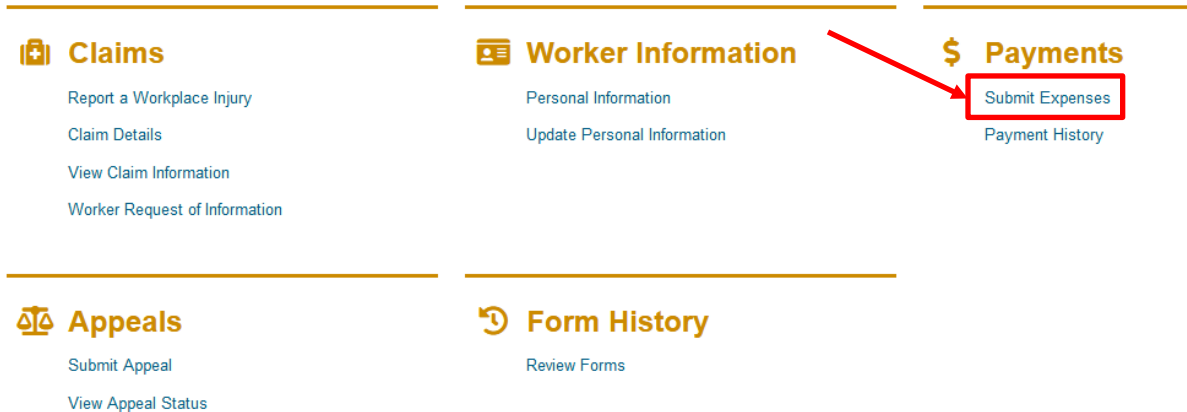


The screenshot shows the 'Access your Online Account' page. It features two input fields for 'Username' and 'Password'. Below the password field is a link for 'Forgot my password'. A disclaimer states: 'By signing in, you agree to the disclaimer and privacy policy.' To the right, under 'Benefits of a WCB Online Account', there are three checked items: 'Submit forms and invoices', 'Edit saved and review previously submitted forms and invoices', and 'View claim information'. At the bottom are two buttons: 'Sign In' and 'Create Account'.

2. Under “Payments” on the “Injured Workers Dashboard,” click on “Submit Expenses.”

Injured Workers Dashboard

Manage your WCB account quickly and efficiently through the Online Services Dashboard.



The screenshot displays the 'Injured Workers Dashboard' with four main sections: 'Claims', 'Worker Information', 'Payments', and 'Form History'. The 'Payments' section is highlighted with a red box around the 'Submit Expenses' link, and a red arrow points to it from the 'Worker Information' section.

Claims	Worker Information	Payments	Form History
<ul style="list-style-type: none">Report a Workplace InjuryClaim DetailsView Claim InformationWorker Request of Information	<ul style="list-style-type: none">Personal InformationUpdate Personal Information	<ul style="list-style-type: none">Submit ExpensesPayment History	<ul style="list-style-type: none">Review Forms

3. From here, you will have the option to submit four different types of expense forms:
- a. [Travel expenses](#)
 - b. [Medical treatment and expenses](#)
 - c. [Temporary additional expenses](#)
 - d. [Vocational expenses](#)

Submit Expenses

Travel, Medical, Temporary Additional or Vocational Expenses

The Saskatchewan Workers' Compensation Board (WCB) provides benefits and assistance to injured workers, depending on the medical and vocational needs of the situation. The WCB has the right to review compensation payments from time to time. If the review shows a need, benefits can be increased, decreased, held or ended.

What type of expenses would you like to submit?

Travel Expenses

[Submit travel expenses \(W6\)](#)

The WCB may allow reimbursement for actual or reasonable additional expenses incurred travelling to the nearest medical facility. However, where workers reside and work in the same community as the medical facility, no additional expenses will be paid.

Travel expenses may include:

- transportation costs
- hotel costs / private lodging
- meal allowances
- parking
- taxi

Medical Treatment and Expenses

[Submit medical expenses \(WME\)](#)

The WCB pays for medical expenses related to accepted work injuries.

Medical expenses may include:

- medical supplies
- prescription drugs
- hospital care
- medical treatment

Keep your receipts when you buy prescription drugs and medical supplies related to your work injury. Please ensure these receipts are submitted to WCB and not to any other benefit plans. Please attach copies of your receipts and keep your original receipts for one year.

If you would like prescriptions and medical supplies direct billed to the WCB, you will require pre-approval.

Temporary Additional Expenses

[Submit temporary additional expenses \(WTAE\)](#)

If you pay temporary expenses that are in addition to what you would normally have paid while working, the WCB may reimburse you for those expenses, based on the nature and severity of your injury. These expenses will need to be pre-approved by your Customer Care Facilitator.

Temporary additional expenses may include:

- child care
- meal preparation
- housecleaning
- other day-to-day home maintenance, such as lawn care or snow removal. (Home maintenance does not include major renovations to a property or home.)
- specialized transportation

Vocational Expenses

[Submit vocational expenses \(VPAY\)](#)

The WCB may allow reimbursement for expenses related to Vocational Rehabilitation. Please note that all expenses need prior approval from your Vocational Rehabilitation Specialist. Ensure that all expenses have a corresponding receipt attached to prevent payment delays.

Vocational expenses may include:

- program application fee
- tuition
- books
- mandatory school supplies
- computer equipment
- safety shoes / glasses / gloves

Travel expenses

Travel expenses can be expenses related to:

- transportation expenses
- hotel costs or private lodging
- meal allowances
- parking
- taxi

1. When you select the “Submit travel expenses (W6)” option, the first screen will give you the option between starting a new expense form or continuing to edit a previously saved form:

Submit Expenses

1 Form Options 2 Expense Details

Worker's Travel Expense Entry

The WCB may allow reimbursement for actual or reasonable additional expenses incurred travelling to the nearest medical facility. However, where workers reside and work in the same community as the medical facility, no additional expenses will be paid. Travel expenses may include transportation costs, hotel costs / private lodging, meal allowances, parking or taxi.

To begin, select the claim number for which you would like to submit expenses.

Claim Details

Claim number: *

Injury date:

Area of injury:

[Return to Worker Expenses Homepage](#) [Create Expense Form](#)

Recent Expense Forms

Description	Last Date Saved	Expiry Date	Action
Claim number - 10000000	2022-Nov-15	2023-Feb-13	

2. To start a new travel expense form, select the claim number from the drop-down list and then click “Create Expense Form.”

Claim Details

Claim number:







Injury date: Feb 05 1992

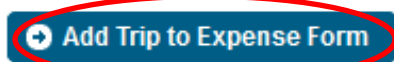
Area of injury: Head

[Return to Worker Expenses Homepage](#) [Create Expense Form](#)

3. Next, you will be asked to enter in the travel details related to the expenses you would like to submit. When you have successfully entered all of the information click “Add Trip to Expense Form.”

Travel Expense Form

Appointment type: *	<input type="text"/>	▼
Appointment date: *	<input type="text" value="YYYY MMM DD"/>	
Appointment time: *	<input type="text" value="HH:MI AM"/>	
Home city: *	<input type="text"/>	
City of appointment: *	<input type="text"/>	
Departure date: *	<input type="text" value="YYYY MMM DD"/>	
Departure time: *	<input type="text" value="HH:MI AM"/>	
Arrived home date: *	<input type="text" value="YYYY MMM DD"/>	
Arrived home time: *	<input type="text" value="HH:MI AM"/>	
Taxi/bus/shuttle (attach receipts):	<input type="text"/>	
Parking (attach receipts):	<input type="text"/>	
Hotel name (attach receipts):	<input type="text"/>	
Hotel cost:	<input type="text"/>	
Private lodging?	<input type="radio"/> Yes	<input type="radio"/> No
Was a driver medically required for this appointment?	<input type="radio"/> Yes	<input type="radio"/> No



- After a trip has been added to the form, you are able to view the information in the table just below.

Add Trip to Expense Form
 (1 of 1) | 1 | 10

Expand all	Reason for travel	City of appointment	Date	
	Medical appointment	Moose Jaw	2022-Nov-01 09:00 AM	

(1 of 1) | 1 | 10

Click on “Expand all” to view all of the information related to the trip.

Add Trip to Expense Form
 (1 of 1) | 1 | 10

Expand all	Appointment type	City of appointment	Date	
	Doctor	Moose Jaw	2022-Nov-01 01:00 PM	

Reason for travel:

Home city: Regina

Departure date: 2022-Nov-01 12:00 AM

City of appointment: Moose Jaw

Arrived home date: 2022-Nov-01 12:00 AM

Taxi/bus/shuttle:

Parking: \$10.00

Hotel name:

Hotel cost:

Lodging: false

Driver: false

(1 of 1) | 1 | 10

- You can include any receipts related to your costs through the “Attach Receipts” section of the form. Click the “Upload File” button and navigate to where the receipt is stored on your computer or device by clicking “Choose.” You will then see that your file automatically uploads to the form.

Attach Receipts

Copies of original receipts must be submitted for reimbursement of medical or other additional expenses. Original receipts should be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.

Upload File

- A limit of ten files can be uploaded to this form.
- Allowed types: gif, jpg, jpeg, pdf, png, tif, tiff.
- 5 MB limit per file.

Name	Size	Action
No attached files.		

Upload File ✕

Additional files can be uploaded in one of the following supported formats - gif, jpg, jpeg, pdf, png, tif, tiff

Choose

Attach Receipts

Copies of original receipts must be submitted for reimbursement of medical or other additional expenses.

Original receipts should be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.

Hi.pdf is uploaded.

+ Upload File

- A limit of ten files can be uploaded to this form.

- Allowed types: gif, jpg, jpeg, pdf, png, tif, tiff.

- 5 MB limit per file.

Name	Size	
hi.pdf	3 KB	Delete

6. Enter in any additional information or comments, select the declaration for the form and then click "Submit."

Additional Information

Please leave a comment if additional information regarding submitted expenses is required.

1000 characters remaining.

Electronic signature *

By checking the electronic signature box, 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. I further acknowledge that in accordance with The Electronic Information and Documents Act, 2000, my electronic signature has the same effect as a signature.

Save and Exit Submit

7. After the form has been submitted successfully, a PDF version of the form will be available for your reference.

Submit Expenses

Your expense form has been submitted and will be reviewed as soon as possible.

For a copy of the expense form produced from your submission, click on the document below:

W6 Worker's Expense Statement

You can view previously submitted expense forms through the 'Review Forms' option, found on the left side menu bar.

+ Submit Another Expense Form

Medical treatment and expenses

Medical treatment and expenses can be expenses related to:

- medical supplies
- prescription drugs
- hospital care
- medical treatment

1. When you select the “Submit medical expenses (WME)” option, the first screen will give you the option between starting a new expense form or continuing to edit a previously saved form:

Submit Expenses

1 Form Options 2 Expense Details

Medical Expense Entry

The WCB pays for medical expenses related to accepted work injuries. Medical expenses may include medical supplies, prescription drugs, hospital care or medical treatment.

To begin, select the claim number for which you would like to submit expenses.

Claim Details

Claim number: *

Injury date:

Area of injury:

[Return to Worker Expenses Homepage](#) [Create Expense Form](#)

Recent Expense Forms

Description	Last Date Saved	Expiry Date	Action
Claim number - 10000000	2022-Nov-15	2023-Feb-13	

2. To start a new travel expense form, select the claim number from the drop-down list and then click “Create Expense Form.”

Claim Details

Claim number:

Injury date: Feb 05 1992

Area of injury: Head

[Return to Worker Expenses Homepage](#) [Create Expense Form](#)

- Next, you will be asked to enter in the medical details related to the expenses you would like to submit. When you have successfully entered all of the information click “Add to Expense Form.”

Medical Expense Form

Add line item to Medical Expense Form:

Expense Date: 2022 Nov 01 Prescription and/or medical expense details: Prescription drugs Total Expense Amount: \$40.39

Prescription and / or medical expense details:

Expense Date	Prescription and/or medical expense details	Expense Amount	Action
No items			
Total Calculated Amount		\$0.00	

- You can include any receipts related to your costs through the “Attach Receipts” section of the form. Click the “Upload File” button and navigate to where the receipt is stored on your computer or device by clicking “Choose.” You will then see that your file automatically uploads to the form.

Attach Receipts

Copies of original receipts must be submitted for reimbursement of medical or other additional expenses. Original receipts should be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.

- A limit of ten files can be uploaded to this form.
- Allowed types: gif, jpg, jpeg, pdf, png, tif, tiff.
- 5 MB limit per file.

Name	Size	Action
No attached files.		

Upload File

Additional files can be uploaded in one of the following supported formats - gif, jpg, jpeg, pdf, png, tif, tiff

Attach Receipts

Copies of original receipts must be submitted for reimbursement of medical or other additional expenses. Original receipts should be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.

Hi.pdf is uploaded.

- A limit of ten files can be uploaded to this form.
- Allowed types: gif, jpg, jpeg, pdf, png, tif, tiff.
- 5 MB limit per file.

Name	Size	Action
<input type="button" value="x"/> hi.pdf	3 KB	<input type="button" value="Delete"/>

5. Enter in any additional information or comments, select the declaration for the form and then click "Submit."

Additional Information

Please leave a comment if additional information regarding submitted expenses is required.

1000 characters remaining.

Electronic signature *

By checking the electronic signature box, 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. I further acknowledge that in accordance with The Electronic Information and Documents Act, 2000, my electronic signature has the same effect as a signature.

[Save and Exit](#) [Submit](#)

6. After the form has been submitted successfully, a PDF version of the form will be available for your reference.

Submit Expenses

Your expense form has been submitted and will be reviewed as soon as possible.

For a copy of the expense form produced from your submission, click on the document below:

[WME](#) Worker's Expense Form

You can view previously submitted expense forms through the 'Review Forms' option, found on the left side menu bar.

[+ Submit Another Expense Form](#)

Temporary additional expenses

Temporary additional expenses can be expenses related to:

- child care
- meal preparation
- housecleaning
- other day-to-day home maintenance, such as lawn care or snow removal. Home maintenance does not include major renovations to a property or home.
- specialized transportation

1. When you select the “Submit temporary additional expenses (WTAE)” option, the first screen will give you the option between starting a new expense form or continuing to edit a previously saved form:

Submit Expenses

1 Form Options 2 Expense Details

Temporary Additional Expense Entry

If you pay temporary expenses that are in addition to what you would normally have paid while working, the WCB may reimburse you for those expenses, based on the nature and severity of your injury. These expenses will need to be pre-approved by your Customer Care Facilitator. Temporary additional expenses may include child care, meal preparation, housecleaning, other day-to-day home maintenance or specialized transportation.

To begin, select the claim number for which you would like to submit expenses.

Claim Details

Claim number: *

Injury date:

Area of injury:

[Return to Worker Expenses Homepage](#) [Create Expense Form](#)

Recent Expense Forms

Description	Last Date Saved	Expiry Date	Action
Claim number - 10000000	2022-Nov-15	2023-Feb-13	 

2. To start a new travel expense form, select the claim number from the drop-down list and then click “Create Expense Form.”

Claim Details

Claim number: *

Injury date: Feb 05 1992

Area of injury: Head

[Return to Worker Expenses Homepage](#) [Create Expense Form](#)

- Next, you will be asked to enter in the details related to the expenses you would like to submit. When you have successfully entered all of the information click “Add to Expense Form.”

Temporary Additional Expense Form

Add line item to Temporary Additional Expense Form:

Expense Date 2022 Nov 01	Temporary and/or additional expense details Housecleaning	Total Expense Amount \$75	Action Add to Expense Form
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Temporary/additional expense details:

Expense Date	Temporary and/or additional expense details	Expense Amount	Action
No items			
Total Calculated Amount		\$0.00	

- You have the ability to include any receipts related to your costs through the “Attach Receipts” section of the form. Click the “Upload File” button and navigate to where the receipt is stored on your computer or device by clicking “Choose.” You will then see that your file automatically uploads to the form.

Attach Receipts

Copies of original receipts must be submitted for reimbursement of medical or other additional expenses. Original receipts should be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.

+ Upload File

- A limit of ten files can be uploaded to this form.
- Allowed types: gif, jpg, jpeg, pdf, png, tif, tiff.
- 5 MB limit per file.

Name	Size	Action
No attached files.		

Upload File

Additional files can be uploaded in one of the following supported formats - gif, jpg, jpeg, pdf, png, tif, tiff

+ Choose

Attach Receipts

Copies of original receipts must be submitted for reimbursement of medical or other additional expenses. Original receipts should be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.

Hi.pdf is uploaded.

+ Upload File

- A limit of ten files can be uploaded to this form.
- Allowed types: gif, jpg, jpeg, pdf, png, tif, tiff.
- 5 MB limit per file.

Name	Size	Action
hi.pdf	3 KB	Delete

5. Enter in any additional information or comments, select the declaration for the form and then click "Submit."

Additional Information

Please leave a comment if additional information regarding submitted expenses is required.

1000 characters remaining.

Electronic signature *

By checking the electronic signature box, 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. I further acknowledge that in accordance with The Electronic Information and Documents Act, 2000, my electronic signature has the same effect as a signature.

[Save and Exit](#) [Submit](#)

6. After the form has been submitted successfully, a PDF version of the form will be available for your reference.

Submit Expenses

Your expense form has been submitted and will be reviewed as soon as possible.

For a copy of the expense form produced from your submission, click on the document below:

[WTAE](#) Worker's Expense Form

You can view previously submitted expense forms through the 'Review Forms' option, found on the left side menu bar.

[+ Submit Another Expense Form](#)

Vocational expenses

Vocational expenses can be expenses related to:

- program application fees
- tuition
- books
- mandatory school supplies
- computer equipment
- safety shoes, glasses or gloves

1. When you select the “Submit vocational expenses (VPAY)” option, the first screen will give you the option between starting a new expense form or continuing to edit a previously saved form:

Submit Expenses

1 Form Options **2** Expense Details

Vocational Expense Entry

To begin, select the claim number for which you would like to submit expenses.

Claim Details

Claim number: *

Injury date:

Area of injury:

[Return to Worker Expenses Homepage](#) [Create Expense Form](#)

Recent Expense Forms

Description	Last Date Saved	Expiry Date	Action
Claim number - 10000000	2022-Nov-15	2023-Feb-13	

2. To start a new travel expense form, select the claim number from the drop-down list and then click “Create Expense Form.”

Claim Details

Claim number: 10000000

Injury date: Feb 05 1992

Area of injury: Head

[Return to Worker Expenses Homepage](#) [Create Expense Form](#)

- Next you will be asked to enter in the details related to the expenses you would like to submit. When you have successfully entered all of the information click “Add to Expense Form.”

Vocational Expense Form

Add line item to Vocational Expense Form:

Expense Date 2022 Nov 01	Vocational expense details Books	Total Expense Amount \$150	Action Add to Expense Form
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Vocational expense details:

Expense Date	Vocational expense details	Expense Amount	Action
No items			
Total Calculated Amount		\$0.00	

- You can include any receipts related to your costs through the “Attach Receipts” section of the form. Click the “Upload File” button and navigate to where the receipt is stored on your computer or device by clicking “Choose.” You will then see that your file automatically uploads to the form.

Attach Receipts

Copies of original receipts must be submitted for reimbursement of medical or other additional expenses. Original receipts should be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.

+ Upload File

- A limit of ten files can be uploaded to this form.
- Allowed types: gif, jpg, jpeg, pdf, png, tif, tiff.
- 5 MB limit per file.

Name	Size	Action
No attached files.		

Upload File

Additional files can be uploaded in one of the following supported formats - gif, jpg, jpeg, pdf, png, tif, tiff

+ Choose

Attach Receipts

Copies of original receipts must be submitted for reimbursement of medical or other additional expenses. Original receipts should be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.

Hi.pdf is uploaded.

+ Upload File

- A limit of ten files can be uploaded to this form.
- Allowed types: gif, jpg, jpeg, pdf, png, tif, tiff.
- 5 MB limit per file.

Name	Size	Action
hi.pdf	3 KB	Delete

5. Enter in any additional information or comments, select the declaration for the form and then click "Submit."

Additional Information

Please leave a comment if additional information regarding submitted expenses is required.

1000 characters remaining.

Electronic signature *

By checking the electronic signature box, 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. I further acknowledge that in accordance with The Electronic Information and Documents Act, 2000, my electronic signature has the same effect as a signature.

[Save and Exit](#) [Submit](#)

6. After the form has been submitted successfully, a PDF version of the form will be available for your reference.

Submit Expenses

Your expense form has been submitted and will be reviewed as soon as possible.

For a copy of the expense form produced from your submission, click on the document below:

[VPAY](#) Vocational Expense Form

You can view previously submitted expense forms through the 'Review Forms' option, found on the left side menu bar.

[+ Submit Another Expense Form](#)