Saskatchewan Workers' Compensation Board

200-1881 Scarth Street
Regina SK S4P 4L1
www.wcbsask.com

Phone: 306.787.4370
Toll free: 1.800.667.7590
Fax: 306.787.4311
Toll free fax: 1.888.844.7773

W1

Click on any field to start editing.

Worker's Initial Report of Injury

WCB claim number: ____________

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

Section A: Worker Information

Name, address, postal code

Occupation: ____________
Social Insurance Number: ____________
Provincial Health Number: ____________
Date of birth: (MM/DD/YYYY) Gender: ☐ Female ☐ Male
Phone: ____________
Best time to reach you? ____________
Email: ____________

Section B: Employer Information

WCB firm number: Industry rate code:

Name, address, postal code

Employer contact person: ____________
Phone number of contact: ____________

Section C: Injury Information

1. Injury date: (MM/DD/YYYY) 2. Reported to employer on: (MM/DD/YYYY) 3. Reported to: ____________
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

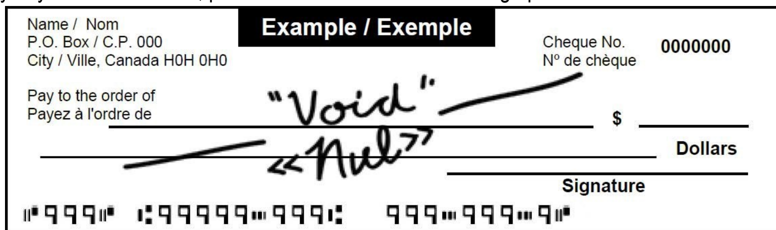
Section D: Wage and Employment Information

10. First day off work due to this injury: (MM/DD/YYYY) Time: ____________ ☐ a.m. ☐ p.m.
11. 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 ☐ Sat
14. 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.



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.

(MM/DD/YYYY)
Date **Name (please print)** **Signature**

Please print & sign form before mailing/faxing.