

Submit this form when applying for WorkSafeNB benefits, such as wage replacement and/or medical treatment (physiotherapy, medication, etc.), due to a workplace injury or illness. You must complete this form and send it to WorkSafeNB **within one year** from the date of the accident/injury or illness.

Hurt on the job? We're here to help!

No one likes being hurt. But, if it does happen, it's good to know you have a reliable and supportive team behind you. Help starts with your employer. If you haven't already done so, inform your supervisor, manager or other appropriate person at your workplace of your accident/injury or illness as soon as possible.

Reporting your injury or illness as soon as possible is important. It helps ensure you get the help you need.

Your health and wellness is a priority. This means timely medical treatment and wage replacement support. We know waiting can be difficult. To help ensure you get a decision on your application as quickly as possible, it's important that you complete all sections of the form in full.

Information you must have ready includes:

- Medicare and social insurance numbers
- Employer contact name and phone number
- Details of the accident/injury or illness, including date it happened and location
- Name of your health care provider and date of visit, if you received medical treatment
- **Pay stubs** (or other similar proof of income) for the four weeks before stopping work, if applying for wage replacement
- Void cheque or banking information (account, branch and financial institution numbers)

Your application will not be processed **until ALL required information** has been received.

Keeping you connected

Work is good. It provides social connection and a sense of purpose, leading to positive physical and mental wellness. Evidence shows it also leads to a speedier recovery. To support you in your recovery, your employer, health care providers and others will make every effort to keep you connected to your workplace.

- **Employers** must keep in touch with you throughout the recovery process to maintain connection to the workplace; offer meaningful and productive modified duties or other suitable work that is safe and within your capabilities; ensure supervisors and co-workers support you during recovery; and collaborate with all return-to-work partners. This applies to all employers in the province, regardless of size, industry or injury risk profile.
- **As an employee**, you must keep in touch with your employer and WorkSafeNB throughout the recovery process; work collaboratively with your employer as they strive to find suitable work that is safe and within your capabilities; and work collaboratively with WorkSafeNB, including supplying information as requested.
- **Medical practitioners** provide timely medical care; submit reports to WorkSafeNB; help set expectations; and facilitate return-to-work efforts through effective communication and collaboration with all parties in the return-to-work process.
- **WorkSafeNB** administers health care and wage replacement benefits; co-ordinates and monitors required health care and rehabilitation services; helps develop, manage and monitor return-to-work plans; and helps set expectations for workers and employers.

To learn more about the claims process, potential benefits available, and healthy and safe return to work, please go to worksafenb.ca/workers. If you have any questions, please contact us toll-free at **1 800 999-9775** (Monday to Friday, 8 a.m. to 4:30 p.m.).

Save this form to your computer or network drive BEFORE you start. Not doing so could result in loss of information. *If opening the form in a web browser, we recommend using Internet Explorer or Edge.*



Application for Workers' Compensation Benefits

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 web browser, we recommend using Internet Explorer or Edge.

Date of application (yyyy-mm-dd)

What are you applying for?

- Medical treatment (complete sections 1, 2, 3, 4, 6, 7)
 Both wage replacement and medical treatment (complete all sections)
- Wage replacement (complete all sections)
 No benefits at this time (complete sections 1, 2, 3, 4, 6, 7)

1. Application

Are you applying for WorkSafeNB benefits within one year from your date of your injury or illness? Yes No

You must report any workplace accident/injury or illness to your employer as soon as possible.

Did you report your injury or illness to your employer? Yes No

If yes, date reported to employer:

Please indicate that you have provided the following information to your employer:

- Date and time of the accident
 Body part(s) injured
 Cause of injury
 Where the accident happened
 Medical treatment you received, if any (provide name of health care provider/hospital/clinic and date of visit)

Have you missed time from work beyond the date of accident due to this injury or illness? Yes No

2. Your information

Last name		First name		
Street address				Apt. no.
Town/City		Postal code		Occupation
Phone number (cell)	Phone number (home)		Phone number (work/other)	Preferred time to call <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
Email address	Birth date (yyyy-mm-dd)	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Medicare number	Social insurance number
Employer		Employer address (street or PO Box number)		
Town/City	Employer contact		Employer contact's phone number	

3. Injury or illness

What caused your injury or illness?

- It was caused by specific incident (date: _____, time: AM PM)
- It occurred over a period of time (date you first noticed symptoms: _____)
- It's a recurrence of previous workplace-related illness or injury (previous claim number: _____)



Application for Workers' Compensation Benefits

Body part(s) injured	Specify left, right or both if applicable <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	Workplace address/location where accident/injury occurred
Describe the accident in as much detail as possible, including what may have contributed to your injury or illness.		
Did you receive medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of health care provider or hospital/clinic: Date of visit:	

4. Work function

Your employer is required to offer meaningful and productive modified duties or other suitable work that is safe and within your capabilities.

Did your employer offer modified work (change of duties/tasks, reduced hours, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	Have you returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Full duties <input type="checkbox"/> Modified duties
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5. Hours of work and wage information

Complete this section **only if you lost time and are applying for wage replacement benefits** because of your injury/illness.

You must provide **pay stubs for the four weeks immediately before stopping work** because of your injury or illness with your application. If you don't know how to get your pay stubs, contact your employer.

Last date worked	Did you get paid for the full day? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you returned temporarily to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date(s):														
Hire date:	Work frequency <input type="checkbox"/> Permanent full-time <input type="checkbox"/> Permanent part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual If seasonal or casual, start date: _____, expected end date: _____															
Work type <input type="checkbox"/> Owner-operator <input type="checkbox"/> Subcontractor <input type="checkbox"/> Piece worker (paid by amount produced/ services completed) <input type="checkbox"/> Doesn't apply	Do you work the same days every week? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate hours worked each day of the week:															
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	If no, average number of hours per day: In no, average number of days per week:															
When you complete your income tax return, do you claim your spouse as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No																



Application for Workers' Compensation Benefits

Have you received or applied for Employment Insurance (EI) benefits since going off work with this injury/illness? Yes No

Have you received any wage replacement (sick, vacation, etc.) from your employer beyond your date of injury or illness? Yes No

WorkSafeNB requires **banking information to issue payments for wage replacement, travel cost reimbursement, etc.** You can provide this by including or attaching a void cheque with this application or submitting the following information:

Branch number:

Financial institution:

Account number:

You'll find the banking numbers needed on the bottom of your cheques. Alternatively, you may find the numbers by visiting your financial institution's website and viewing the "Direct Deposit" or "Pre-authorized Payment" tabs. (Naming conventions may vary.)

6. Declaration and consent

- I declare that that all the information provided by me is true and correct to the best of my knowledge.
- I agree to notify WorkSafeNB immediately of any work-related income received while on workers' compensation benefits, regardless of the source, and of a return to work or any other change in circumstances that may affect this claim application.
- I consent and authorize WorkSafeNB to gather, use, release or disclose information from this claim, including medical and financial information, as authorized by law and in accordance with the *Personal Information Protection and Electronic Documents Act*, the *Right to Information and Protection of Privacy Act* and the *Personal Health Information Privacy and Access Act*. WorkSafeNB takes the protection of your privacy seriously. Read our [Access to Privacy and Information](#) statement.
- I consent to and agree that any health care provider may provide any medical information related to my workers' compensation claim to WorkSafeNB and may provide any information related to my ability to return to work to WorkSafeNB or my employer.

Name	Signature (worker or dependent)	Date

7. Confirmation and submission

Before submitting, have you:

- Completed all required sections in full?
- Attached/included pay stubs (if applying for wage replacement)?
- Attached/included a copy of a void cheque or provided banking numbers?

To submit your application by email, attach the completed document and state "Application for benefits" in the subject line, then send to application-demande@ws-ts.nb.ca.

WorkSafeNB reminds you that submitting documents through unsecure email networks increases privacy concerns. For more information, please read WorkSafeNB's [Access to Privacy and Information](#) statement.

Or, you can submit your *Application for Workers' Compensation Benefits* by mail or fax:

WorkSafeNB, 1 Portland Street
PO Box 160, Saint John, NB E2L 3X9

Fax toll-free: 1 888 629-4722