wcb Saskatchewan Workers' Compensation Board
200-1881 Scarth Street
Regina SK S4P 4L1
www.wcbsask.com

Click on any field to start editing.

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

**W1**

Reset Form

# 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: _____ Gender: ☐ Female ☐ Male
Home phone: _____
Best time to reach you? _____
Email: _____

## Section B: Employer information

WCB firm number: Industry rate code:

Name, address, postal code
University of Saskatchewan
Wellness Resources
105 Administration Place
Room E140
Saskatoon, SK S7N 5A2

Employer contact person: Wellness Resources
Phone number of contact: (306) 966-4580

## Section C: Injury information

1. Injury date: _____ 2. Reported to employer on: _____ 3. Reported to: _____
4. Province of injury: _____ 5. Area of body injured: _____
6. How did the injury happen? _____
7. Name of health 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

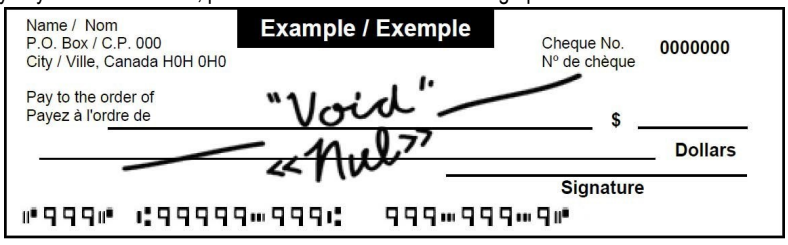
## Section D: Wage and employment information

10. First day off work due to this injury: _____ The time you left work: _____ ☐ a.m. ☐ p.m.
11. Have you returned to work? ☐ Yes ☐ No If yes... enter the date and time: Date: _____
12. How are you paid? If regular salary: Hourly $ _____ per hour _____ hours per week; If monthly $ _____ per month
If non-regular: ☐ Piecework ☐ Sub-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 that all the information provided is true and correct to the best of my knowledge.**

Please print & sign form before mailing/faxing.

**Date** | **Name (please print)** | **Signature**



When writing to the WCB, please print name and claim or firm number.