SASKATCHEWAN WORKERS' COMPENSATION BOARD
200 - 1881 Scarth Street
Regina, Sask. S4P 4L1
Phone: (306) 787-4370
Fax: (306) 787-4311
Toll Free: 1-800-667-7590
Toll Free Fax: 1-888-844-7773
(Canada Wide)

W1

Worker's Initial Report of Injury

WCB Claim No.:

Reporting Options: (1) WCBTelefile 1-800-787-9288 (2) WEB www.wcbsask.com (3) Fax

Section A: Worker Information

Name, address, postal code

Occupation: ____

Social Insurance Number: ____

Personal Health Number: ____

Birthdate: D M Y ____ Sex: ☐ Male ☐ Female

Home Phone: ____

E-mail: ____

Section B: Employer Information

Name, address, postal code

Employer contact person: ____

Phone number of contact: ____

Section C: Injury Information

1. Injury date: D M Y ____ 2. Reported to employer on: D M Y ____ 3. Reported to: ____

4. Province of injury: ____ 5. Area of body injured: ____

6. How did the injury happen? ____

7. Name of healthcare 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; If "yes", go to Section D ☐ No; If "no", go to Section F

Section D: Wage and Employment Information

10. First day off and time you left work due to this injury: Date D M Y ____ Time ____ ☐ am ☐ pm

11. Have you returned to work? ☐ Yes ☐ No If "yes", enter the date and time: Date D M Y ____ Time ____ ☐ am ☐ pm

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 circle 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 compensation payments made directly to your bank account, please complete Part 1 of this section and attach a personalized cheque or deposit slip marked "VOID" OR complete Part 2 from your cheque. The Workers' Compensation Board is authorized to credit payments to your account with the financial institution you have named.

Part 1

Bank or Financial Institution	Branch Address	City

Part 2

Cheque Number (3-digit number)	Transit Number (5-digit number)	Bank Number (3-digit number)	Account Number (Maximum 12-digit number)
NOT REQUIRED			

Section F: Declaration

I declare that all the information provided is true and correct to the best of my knowledge.

D M Y Date	Name (please print)	Signature

Revised on 01/07/2004