

## EMPLOYER'S REQUEST FOR REIMBURSEMENT

TO:  
ADDRESS:

CLAIMANT: \_\_\_\_\_ Claim No: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ WCB No: \_\_\_\_\_  
\_\_\_\_\_ DATE OF ACCIDENT: \_\_\_\_\_

To the Workers' Compensation Board:

The undersigned employer hereby requests FULL REIMBURSEMENT, in accordance with the Workers' Compensation Law, for wages advanced during a period of absence due to disability.

The total amount advanced was \_\_\_\_\_ dollars and \_\_\_\_\_ cents (total: \$ \_\_\_\_\_)  
for the period from \_\_\_\_\_ through \_\_\_\_\_.

DATE: \_\_\_\_\_

EMPLOYER'S REPRESENTATIVE:

Print Name \_\_\_\_\_

and Title \_\_\_\_\_

**EMPLOYER'S SIGNATURE:** \_\_\_\_\_

### INSTRUCTIONS

1. This form is used principally as evidence of a claim for reimbursement by an employer for monies advanced to a claimant on account of compensation due under the provisions of the Workers' Compensation Law.
2. Attention is drawn specifically to Section 25 of the Workers' Compensation Law, from which the following is extracted:  
"...If the employer has made advance payments of compensation, or has made payments to an employee in like manner as wages during any period of disability, he shall be entitled to be reimbursed out of an unpaid installment or installments of compensation due, provided his claim for reimbursement is filed before award of compensation is made, or, if insured, by the insurance carrier at the direction of the board, unless he shall file a waiver of reimbursement with the chairman, in which event compensation will be paid to the claimant notwithstanding the advance payments..."
3. It is recommended that, while payments are being advanced, this form be completed monthly **and mailed to the Workers' Compensation Board at the address below**. A copy of this form should be sent to NYSIF.

**New York State Workers' Compensation Board  
Centralized Mailing - PO Box 5205  
Binghamton, NY 13902-5205**

Customer Service Toll-Free Number: 877-632-4996

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

### NOTE TO EMPLOYER:

Under current interpretations of Section 25 of the Workers' Compensation Law, in cases involving temporary disability, an employer may not recover more than the compensation benefit rate for the period during which compensation or wages were advanced, nor may there be any reimbursement for the first week if the disability does not exceed two (2) weeks.