Workers’ Compensation

Procedures for Submitting a Claim
Introduction

Workers’ Compensation laws are enacted to protect employees against loss of earning power due to an injury sustained at the place of employment. Workers’ Compensation is insurance that provides cash benefits and/or medical care to workers who are injured or become ill as a direct result of a work related injury.

The NYC DOE Workers’ Compensation Unit serves as a liaison between the insurance carrier and the employee while providing assistance to the employer to ensure that claims are submitted expeditiously and accurately.

The New York City Law Department Workers’ Compensation Division determines the validity of claims based on the documentation submitted by the employer.
Important Facts about Workers’ Compensation

• All non-pedagogical titles are covered by WC.
  Some of the titles that are covered by WC are: Paraprofessionals (including Subs), School Aides, Therapists, Nurses, SAPIS and Administrative titles. All pedagogical titles file for LODI and are handled by HR Connect. When in doubt, contact the WC Unit for assistance.

• All injuries/accidents must be reported to the employer and documented immediately.
  Many employees are reluctant to notify their employer that they had an injury because the extent of their injury is minor, there was no lost time or because they do not want to be “bothered with the paperwork”. By law, all work related injuries must be reported immediately to avoid fines; however, the NY State WC Board will accept a claim up to 2 years after the date of the accident.

• Employer cannot approve/disapprove a WC claim.
  If the employer is of the opinion that the WC claim is fraudulent and should be controverted, it is advised that a C2 Addendum be completed along with the C2 and be mailed to the insurance carrier for review.
Rights & Responsibilities of the Employee

- It is important that the employees are made aware that, should they have an accident at the workplace, they are to notify their employer immediately and, if necessary, seek the proper medical attention from a workers’ compensation physician.

- The C3 is the “Employee’s Report of Injury” form and it is the responsibility of the employee to submit and mail the form to the NY State Workers’ Compensation Board. By law, the C3 form must be submitted to the NY State Workers’ Compensation Board within 2 years of the date of the accident.

- The City of New York Law Department is the insurance carrier for Workers’ Compensation recipients. The carrier case number will be mailed to the employee once they have reviewed the C2 form. All bills, authorizations, surgeries, therapies and prescriptions have to be mailed to the Law Dept for approval, payment and reimbursement. The employee should not be using their personal insurance. Should they incur out of pocket expenses, the receipt(s) should be mailed to the NYC Law Department for reimbursement.

- Reimbursement of wages and sick time
  The rate for reimbursement of wages and sick time will be determined by the NY State WC Board based on the degree of disability and the employee's rate of pay. All restorations are processed by the DOE’s WC Unit and the payroll secretary is notified via email. All reimbursement of wages are mailed by the NYC Law Department to the employee.
Responsibility of the Employer

• Notice of Compliance
  By law, these notices (C-105 and DB-120) must be posted at the workplace where the employee can view them, preferably by the time clock, or on a bulletin board. These notices informs the employee who their insurance carrier is should they have a work related injury at the workplace.

• Claimant Information Packet
  The NY State WC Board has compiled a packet that consist of reading materials and forms that the employee is responsible for submitting to the WC Board. It is to be provided to the employee every time they have an accident on the job. This packet contains the C3 form.

• C2 form
  It is the responsibility of the employer to submit the C2 form. If the employee submits a C2 form, the NYC Law Dept will reject the claim. Please note, the C2 form is different from the OORS report.

• Timekeeping
  It is extremely important that all timekeeping entries related to WC are accurate and timely as to avoid overpayments.
Documents to Print

- **Notice of Compliance**: Post in the workplace. C-105 & DB-120
- **Claimant Information Packet**: Provide to the injured employee *every time* they have an accident at the workplace.
- **Comprehensive Injury Report** (school based employees may attach the OORS report to the C2 form to be sent to the NYC Law Department).
- **Employee Notice of Injury (WCD23)**
- **Election of Rate of Charge Against Annual and or Sick Leave Balance (DP2002)** Only if absences are beyond the first five days.
- **Employees FAQ’s**
Timekeeping

• **Date of the accident**
  In the event that the employee has to leave work to seek medical attention, the date of the accident is a paid day.

• **Non Chargeable Days**
  The employee may apply for up to the next five (5) consecutive working days as non chargeable days pending supervisory approval of the OP198 / PD19 form. For absences beyond the first five work days, the employee has as *option* as to how their absences should be coded.

  **Option 1**
  Employee notifies payroll secretary that they are opting to use their accruals for the duration of their absences related to WC. The employee has to contact their examiner at the NYC Law Department to initiate the process of restoring their time. An employee can also utilize Option 2 when they have exhausted their accruals. *It is not permissible for employees to borrow time for workers’ compensation purposes.*

  **Option 2**
  The employee opts not to use their accruals, or may not have any time therefore, there will be payroll deductions. Depending on the length of the absence, the employee may have to apply for a leave of absence without pay for workers’ compensation. The leave of absence application must be accompanied with a copy of the C2 form and submitted to HR Connect for processing. The maximum time allowed for a leave of absence is one year. If the employee chooses to utilize this option, enrollment in direct deposit, if applicable, should be ceased. For that reason, be cautious of those employees that are on “positive pay”. Important: please call the DOE’s Workers’ Comp Unit to inform them when an employee has returned to work from an injury.
Example of timekeeping for a Paraprofessional (in EIS) due to Workers’ Compensation:

Date of accident: Sept 15, 2013
*First five days: Sept 16-20, 2013
Option #1: Sept 23-Feb 6, 2014
Option #2: Feb 7-June 13, 2014

*Subject to approval

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Submitting the C2 form

- Proceed to the Payroll Portal
- Enter your Outlook/Network ID, password and Log On
Submitting the C2 form

- Network/Employee ID
- Password
- EMP/EIS ID number
Submitting the C2 form

- DOE Applications
- C2 Form
Creating C2 Form

- **Create Form**: Once you have logged in, the system will prompt you to start creating a C2 form. You may create a new C2 form by entering the Employee ID, EIS or SSN. The system will retrieve the employee’s personal information and populate the form.

Continue to proceed to next page.
Retrieving Employee’s Data

Make sure the employee’s name is correct then click on “Details”. An employee may have multiple lines if they worked in different FMC’s, locations or were part of different payroll banks. Make certain that the correct record is selected.

Employee Details: The system will display the employee’s personal information. Verify accuracy then click “Next” at the bottom of the screen.
**Entering Data**

- **Date of accident**: Use the pop-up calendar or enter the date manually.
- **Employer**: Enter the name of the school/site/office, **not “Dept of Ed”**.
- **Nature of Business**: Enter “Education”.
- **Sections B & C**: Fields are already populated with requested information. Once completed, click “Save & Continue”.

![Image of DFO system interface](image-url)
**Entering Data (cont’d)**

**Asterisks:** Mandatory fields are marked with an asterisk (*) and must be completed.

**Missing Data:** If data is missing, the incomplete C2 form will be stored in the “Draft List” until it is completed in its entirety.
Section 2

- **Field D**: Enter description
- **Back**: The option to return to previous
Entering Data (cont’d)

Time Field

The drop down menu must be used to select the desired time. The time is provided in increments of five (5) minutes. Therefore, if the specific time is not displayed, round off the time to the nearest one provided.
Claimant Information Packet

- This packet can be found on the DOE WC website and is to be provided to the employee every time they have an accident on the job. This is the date (must be entered) when the Claimant Information Packet was given to the employee.
Entering Data (cont’d)

- List only the body parts that were injured. For example, when a limb has been injured, indicate whether it is the “left” or “right”.

![Image of a form with fields for entering data]
• Field H: Indicate if the employee is a full time employee.

• Additional Information: Include any other information that is relevant to the claim.

• Signature: The employee cannot submit and sign his/her C2 form. It must be submitted by the employer. This ensures that there is no implication that the employer agrees with the submission.

Reminder: the printed copy must be signed.
Entering Data (cont’d)

Once the completed C2 form is ready for submission to the DOE WC Unit, click “Continue”. If there are any required fields that are incomplete, a message will be displayed and the fields in question will be indicated. If the fields are not completed, the form will be stored in the “Draft List”.

![Screen capture of the C2 form interface with incomplete fields highlighted.](image-url)
Draft List

If there are required fields missing data, the C2 form will be placed on the “Draft List” until the data is complete. A message will be displayed stating as such.

To complete a form that has been placed in the ‘Draft List’, click on “Edit Form”. There’s also an option to delete the C2 form.
Completing and Printing the C2 Form

Once the C2 form has been reviewed and found satisfactory, an electronic copy will be sent to the Payroll Secretary.

If the DOE WC Unit determines that there is missing information, an email will be sent advising that the form has been placed in the “Awaiting Correction List”. The user has the ability to “View Comment” to see why the form was returned, along with “edit” and/or “delete” the form.
Awaiting Correction List

“Awaiting Correction List” can be found under “C2 Form List”. If there is data missing or incorrect on the C2 form, the DOE WC unit will return the C2 form for your appropriate action.

- **SSN**: May search by employee’s social security number.
- **Email Address**: The person who submitted C2 form.
- **Report Date**: Date C2 form was first created.
- **Status Date**: Reflects date action was taken.
- **Date of Accident**: Date of injury.
- **Employee’s SS#**
- **Employee’s Name**
Awaiting Correction List (cont’d)

- **View Comment**: The reason why the C2 form was returned.
- **Edit Form**: Open C2 form to correct/add missing data.
- **Delete Form**: Delete C2 form.
Awaiting Correction List (cont’d)

An email will be sent alerting the user that a C2 Form is in the “Awaiting Correction List”. This list should be reviewed periodically in the event that additional action is required on forms previously submitted.
Confirmation

- Once the C2 form has been successfully submitted and reviewed by the DOE WC Unit, a confirming receipt will be sent to the user.
- **From**: Employee at the WC Unit assigned to the C2 form.
- **To**: Employer that submitted C2 form.
  The message will confirm receipt of C2 form displaying the following information:
  - **Employee’s name**
  - **Date of Accident**
  - **Social Security number** (last 4 digits only)

The email contains instructions regarding steps to be taken in the event that the employee returns to work, etc.

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**From**: DOE Staff Assigned to case@schools.nyc.gov
**Sent**: Thursday, October 10, 2013 10:49 AM
**To**: Payroll Secretary/timekeeper
**Subject**: Workers Compensation C2Form Accepted

The C2 form for MASTERSOEN, MARY, (with last 4 digits of SSN (3551); 10/10/2013 has been reviewed by the DOE WC Unit and was found acceptable to be submitted to the Law Dept. Attached is your copy of the C2 form. Mail a copy of the C2 form along with all other pertinent forms to the Law Dept for review.

It is imperative that you notify me when this employee has returned to work or goes back out again due to this injury. When doing so include employee's name, social security number and date of accident. If you are not sure how to code the absences relating to the injury or have any questions or concerns, contact the DOE WC Unit. Thank you for your cooperation.
Employee notifies employer that accident occurred.

Employer gives the injured employee a “Claimant Information Packet” and other forms to read and complete.

Payroll Secretary enters C2 form on the Payroll Portal.

A copy of the C2 form is sent electronically to the DOE WC Unit. Each case is assigned to a staff member based on employee’s last name. The C2 form will be reviewed then, emailed to the Payroll Secretary.

Relays injured employee’s absences (paid or unpaid) to the Law Department.

NY Law Department’s Role

Mail a copy of the C2 form and all other relevant forms to the Law Department for review.

The Law Department will mail employee their carrier case number and name of their examiner.
## Workers' Compensation Contact Information

### DOE Workers' Compensation Unit, Case Management Team

**65 Court Street, Room 1400, Brooklyn, NY 11201**

Telephone: (718) 935-2213  
Fax: (718) 935-3329

<table>
<thead>
<tr>
<th>If employee's last name begins with ...</th>
<th>Case Manager</th>
<th>Telephone #</th>
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<tbody>
<tr>
<td>A - E</td>
<td>Shameka Robinson</td>
<td>(718) 935-2213</td>
</tr>
<tr>
<td>F - K</td>
<td>Chantrea Wright</td>
<td>(718) 935-2213</td>
</tr>
<tr>
<td>L - Q</td>
<td>Natalie Hughes</td>
<td>(718) 935-2213</td>
</tr>
<tr>
<td>R - Z</td>
<td>Annie Hinton</td>
<td>(718) 935-2213</td>
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### City of New York Law Department, Workers' Compensation Division

**350 Jay Street, Brooklyn, NY 11201**

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone #</th>
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<tbody>
<tr>
<td>Dutt Pothuri (Unit Supervisor)</td>
<td>(718) 222-2159</td>
</tr>
<tr>
<td>Lissette Salgado</td>
<td>(718) 222-2243</td>
</tr>
<tr>
<td>Dorcas Alleyne (school lunch titles only)</td>
<td>(718) 222-2243</td>
</tr>
<tr>
<td>Index Unit Fax #</td>
<td>(718) 222-2391</td>
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# Workers' Compensation Contact Information (cont’d)

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<tr>
<th>Examiner's Unit (Case Managers)</th>
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<tr>
<td></td>
<td>A - I</td>
<td>Xiao (Shelly) Chen</td>
<td>(718) 222-2204</td>
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<tr>
<td></td>
<td>J - R</td>
<td>Costa Fikhman</td>
<td>(718) 222-2184</td>
</tr>
<tr>
<td></td>
<td>S - Z</td>
<td>Henry Fu</td>
<td>(718) 222-2199</td>
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### Additional Support

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<tr>
<td>Stephanie Owens</td>
<td>(718) 222-2203</td>
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<tr>
<td>Niveene Mikhail</td>
<td>(718) 222-2142</td>
</tr>
<tr>
<td>Irene Sukorsky</td>
<td>(718) 222-2187</td>
</tr>
<tr>
<td>Examiner's Unit Fax #:</td>
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<tr>
<td></td>
<td>(718) 222-2389</td>
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</table>

### Awards Unit (Restoration of vacation/sick time)

| Arlene Aikens                     | (718) 222-2335 |

### Law Department Managers

| Deputy Director                    | Maria Ziccardi | (718) 222-2463 |
| First Deputy Director              | Wai Wu         | (718) 222-2220 |

### New York Workers' Compensation Board

| (800) 877-1373 |
Questions