

# LANGUAGE ACCESS PLAN FOR LEP INDIVIDUALS

State Agency: Workers' Compensation Board (WCB)

Effective Date of Plan: October 5, 2012

Language Access Coordinator (LAC): Daniel West

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## PART 1 – INTRODUCTION

Pursuant to Executive Order No. 26 (“Statewide Language Access Policy”), we have prepared this Language Access Plan (“Plan”) that sets forth the actions we will take to ensure that persons with limited English proficiency (“LEP”) have meaningful access to agency services, programs, and activities.

### **Statement of Agency Services to the Public:**

Workers' compensation is insurance that provides cash benefits and/or medical care for workers who are injured or become ill as a direct result of their job. Employers pay for this insurance, and shall not require the employee to contribute to the cost of compensation. Weekly cash benefits and medical care are paid by the employer's insurance carrier, as directed by the Workers' Compensation Board. The Workers' Compensation Board is the state agency that processes the claims. If WCB intervention is necessary, it will determine whether that insurer will reimburse for cash benefits and/or medical care, and the amounts payable.

In developing this plan, we have understood LEP individuals to be persons who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. We will reassess language needs periodically as needed, but at least every two years starting from the effective date of this plan.

## PART 2 – ASSESSING LEP POPULATION LANGUAGE NEEDS

The estimated total number of individuals in our service area is: 14,000,000.

The top seven languages spoken by LEP individuals that our agency serves or could potentially serve are as follows:

Language	Estimated Number of LEP Individuals Who Speak this Language
Spanish	8,100 Annual Calls / 3,700 Open Cases
Chinese (Mandarin / Cantonese)	950 Annual Calls / 250 Open Cases
Polish	460 Annual Calls / 140 Open Cases
Russian	430 Annual Calls / 130 Open Cases
French / French Creole / Haitian Creole	230 Annual Calls / 70 Open Cases
Korean	100 Annual Calls / 40 Open Cases
Italian	82 Annual Calls / 27 Open Cases

**We use the following resources to determine the top seven languages spoken by LEP individuals:**

- U.S. Census data (including American Community Survey data)
- Agency data on client contacts
- School system data
- Information from community organizations that serve LEP individuals

**Names of organizations:**

- Information from other government agencies

Names of agencies: US Census, US Department of Labor

- Other (describe)

**We have determined the frequency of our contacts with LEP individuals as follows:**

Data on the number of times vendor oral translation services were requested (in FY2010-2011) as well as the number of open case was used to determine the most frequent languages encountered. This data was then compared against US Census and US Department of Labor data on common languages to identify any anomalies.

### **PART 3 – PUBLIC OUTREACH AND NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES**

**We inform LEP individuals, in the languages indicated in the chart in Part 2 of this plan, about their right to free language assistance services by using the following measures:**

- LEP individuals are informed directly by our staff

**In what ways?** At any public contact (In person or by phone), if an individual indicates a need for language assistance staff inform them of the services that are available.

- Brochures or flyers about language assistance services

- In public areas of the agency

- Elsewhere in the agency's service areas

Signs posted about language assistance services

In public areas of the agency

Elsewhere in the agency's service areas

Outreach and presentations at schools, faith-based groups, and other community

**What are the LEP populations targeted?** WCB does not presently conduct outreach but plans to do so (within its limited capacity) as part of this initiative. An outreach plan will be developed and interpreting services will be provided in order to comply with Executive Order No. 26.

Local, non-English language media directed at LEP individuals in their languages

Telephonic voice menu providing information in non-English languages

**In which languages:** Presently Spanish; the Board is currently exploring the process of expanding our menu to include the additional top 7 languages mentioned above.

Other (describe)

#### **PART 4 – PROVISION OF LANGUAGE ASSISTANCE SERVICES**

**We use the following resources to determine when an individual is LEP, and what the individual's primary language is, when the encounter is *in person*:**

"I Speak" posters or visual aids

Reception staff make those determinations based on experience, with the assistance of bilingual staff members where available

Other (describe)

**We use the following resources to determine when an individual is LEP, and what the individual's primary language is, when the encounter is *by telephone*:**

Reception staff make those determinations based on experience, with the assistance of bilingual staff members where available

Telephonic interpreting service

Other (describe)

**We record and maintain documentation of each LEP individual's language assistance needs as follows:**

The Employee Claim Form (C-3) allows an individual to indicate the need for a translator and identify the language. This information (which also may be uncovered during initial contacts) is recorded in the electronic case folder.

**A. Oral Interpreting Services**

**Our protocol(s) for assessing whether an LEP individual needs oral interpreting services is as follows:**

**For in-person encounters:** LEP individual self-identifies need (either through limited proficiency or by having another person initiate contact) or staff interviews individual and makes determination based on experience, utilizing signs/posters where applicable.

**By telephone:** LEP individual self-identifies need (either through limited proficiency or by having another person initiate contact).

**At initial contact in the field:** LEP individual self-identifies need (either through limited proficiency or by having another person initiate contact) or staff interviews individual and makes determination based on experience, utilizing signs/posters where applicable.

**For pre-planned appointments with LEP individuals:** LEP individual has previous self-identified need, which is now recorded in the case file. Staff refers to the case file.

**Other (describe):**

**Our protocol(s) for informing LEP individuals that they do not need to provide their own interpreters and that free interpreting services will be provided is as follows:**

**For in-person encounters:** Staff informs the LEP individual directly while contacting the interpreting services; utilizing signs/posters where applicable.

**By telephone:** Staff informs the individual directly while contacting the interpreting services.

**At initial contact in the field:** Staff informs the LEP individual directly while contacting the interpreting services.

**For pre-planned appointments with LEP individuals:** Staff informs the LEP individual of the availability of interpreting services as part of the notification scheduling the appointment.

**Other (describe):**

**If an LEP individual insists on using a family member, friend, or other person as an interpreter, our protocol(s) for determining whether to accept or decline such an arrangement is as follows:**

LEP individuals that come into contact with our agency will be informed of the availability of free interpreting services. Generally, an LEP individual may not use a family member, friend, or a minor as his interpreter. However, **during emergencies** an LEP individual will be permitted to use a minor, a family member or friend as an interpreter. Upon request, an LEP individual may also be permitted to use a minor, a family member or friend as an interpreter for routine matters, such as asking the location of the office, hours of operation or rescheduling an appointment. Where the interaction with the LEP individual occurs at the agency's office and an individual is permitted to use an interpreter of his choosing, he must fill out a written consent/waiver form.

Where an LEP individual is engaged in official business with the agency, the agency will provide an independent interpreter at all times. An LEP individual will not be permitted to use an independent interpreter of his choosing when filling out applications or when involved in other legal matters.

**Our protocol(s) for obtaining interpreter services in a timely manner is as follows:**

Language Services Associates (LSA) services are available over the phone on demand. All staff is authorized to contact LSA directly; supervisory approval is not required.

**We record and maintain documentation of oral interpreting services provided to LEP individuals at each encounter as follows:**

LSA maintains records on the number of encounters, duration, type of service, time of day and language provided. These records can be requested and WCB has a process in place to verify that payments to LSA are consistent with services requested.

#### Competency and confidentiality

**The linguistic and cultural competence of interpreters is addressed as follows:**

The agreement with LSA states that "services shall be performed by professional and experienced interpreters that possess demonstrated proficiency levels that range from the ability to speak the language with sufficient structural accuracy and vocabulary, to effective participation in most formal and informal conversations on practical, social and professional topics. The maximum proficiency level will demonstrate that of a highly articulate well-educated native speaker which reflects the cultural standards of the country where the language is natively spoken." LSA takes steps (including interviews prior to employment and requiring completion of training modules before availability for certain services) to ensure that its interpreters meet these standards.

Employees in civil service positions that are designated as Spanish-speaking are required to demonstrate proficiency at Level 2 prior to appointment. This is defined as:

- Participates in conversations and discussions on a range of topics conducted at normal speed.
- Vocabulary meets the needs of most personal, social and practical business topics.
- Speaks with sufficient grammatical control and accuracy to participate effectively in conversations.
- Speaks without hesitation and with few errors. Minor errors that do occur do not interfere with communication.
- Understandable, smooth expression at a conversational level of communication.

**The issue of confidentiality pertaining to the use of interpreters is addressed as follows:**

Independent interpreters will enforce standards of confidentiality in accordance with NYS Law. The agreement with LSA states that "all information and material shall remain the property of the Authorized User. The Contractor shall maintain the confidentiality of all material, identity of any parties and content of any material released to the Contractor for translation." Confidentiality is an industry standard and LSA further ensures it by requiring its interpreters to sign agreements.

All WCB staff bound by Workers' Compensation Law §110-a, which prohibits the release of any of the information in a case file except to those who are party to the claim (including employer, employer's workers' compensation insurance carrier, employer's attorney and claimant's attorney), anyone to who has been given written permission to access claim information, or anyone who has obtained a court-order authorizing them to access claim information. Staff is trained on the requirements of this law at the time of hire. The training provided to staff will address the importance of confidentiality.

Maintaining a list of oral interpreting resources

**We use, or have available for oral interpreting, the following resources:**

- Bilingual staff members who work directly with LEP individuals

**Number of staff and languages spoken:** WCB has 13 staff members (and 5 vacant positions) who speak Spanish as part of official duties of their civil service position. There are also a handful of employees who are native speakers of other languages and may work with LEP individuals (6 Spanish, 3 Mandarin/Cantonese, 1 German, 1 Hindi, 1 Yoruba).

- Bilingual staff members who provide oral interpreting when necessary

**Number of staff and languages spoken:**

- Telephonic interpreting service

**Names of vendors:**

- Contracts or other arrangements with community organizations or individuals for oral interpreting services

Names of individuals/organizations and languages:

Other (describe)

**The agency's Language Access Coordinator maintains the list of oral interpreting resources that are available to staff, which includes:**

- Names and contact information for all resources
- Names and locations of staff members who are available to act as interpreters or provide services directly in the LEP individual's primary language
- Languages in which each interpreter or service is qualified
- Procedure for accessing each interpreter or service

**We inform all staff members who have contact with the public how to obtain oral interpreting services as follows:**

Availability of oral translation services, procedures for accessing those services and some translations of common phrases ("One Moment Please") are currently maintained on the WCB's Intranet procedure site. This information will also be incorporated into the staff training program described in Part 5.

#### B. Translations of Written Documents

**The process to determine and reassess, at least every two years starting from the effective date of this plan, those vital documents (including website content) which must be translated is as follows:**

Consideration of language access service requirements will be added to the WCB's form revision and clearance process. Also, on an annual basis (or more often as needed), the Language Access Coordinator will reconvene the LAP Working Group to review the items monitored (documented in Part 6) to ensure compliance and propose any updates or changes needed.

**The process to timely translate documents that LEP individuals submit in their primary languages is as follows:**

For a document that is regularly available in other languages, the WCB's scanning vendor (SourceCorp) will make a translation of the document available in the electronic case folder at the same time as the original. This service is currently provided in Spanish and WCB will explore

expansion to other languages. For other documents, the WCB can make use of its contract with LSA for translations as needed.

**The process for ensuring that documents are written in plain language before they are translated into other languages is as follows:**

WCB aims to have all of its documents read at a 7th grade level and regularly makes use of online tools (such as Google's Reading Level Analyzer) to achieve this goal. The WCB may also contract with a vendor for this service as needed, such as during its more recent form re-design project (when major forms were tested against this goal as part of the revision).

**The following documents are currently translated by the agency in the languages indicated:**

WCB defined an "individual" as an injured worker or an employer and identified over 300 vital documents. These documents were then reviewed for their role, volume and present translation offerings to determine which of two available options were the best approach for transcription.

- 1) Transcription into foreign language - all major publications and forms that serve as an injured worker's first contact will be addressed through this option.
- 2) Transmission with a notification (in the appropriate languages) of available oral translation services – all other documents were included in this category for one of the following reasons:
  - a. It is a form for an employer - WCB is already moving away from document-based reporting for employers and towards electronic reporting by insurance carriers and other payors.
  - b. It is a form with a very low volume.
  - c. It is a poster or other document that WCB determines the content of but another stakeholder (employer or carrier) is responsible for printing and posting.
  - d. It is not an initial contact document.
  - e. It is a system-generated document – WCB's current systems and database structure are not equipped to always determine the appropriate language or to store the characters needed for the transcription.

The attached spreadsheet lists all vital documents and the WCB recommendation for transcription. Estimated annual volumes may represent forms submitted, documents sent out or form downloads from the WCB website (depending on what is currently tracked). Documents with no estimated annual volume are either a publication/poster (where volume is not tracked) or have a very low annual volume (generally less than 100).

**The process for ensuring that translations are accurate and incorporate commonly used words is as follows: (Note: The Office of the Deputy Secretary for Civil Rights will maintain a list of commonly used words.)**

This process is complicated by legal terminology that is used on some WCB documents but is not

easily translated. WCB will make use of both its vendors (SourceCorp and LSA) as well any employees who speak a particular language to cross-check any translations.

**We use, or have available for translating, the following resources:**

Contracts with language service vendors

Names of vendors: LSA. SourceCorp also provides some translation services

Contracts or other arrangements with community organizations or individuals for oral interpreting services

Names of individuals/organizations and languages:

Oral translations of written documents by bilingual staff members

Oral translations of written documents by other individuals or community organizations

Other (describe)

**The agency's Language Access Coordinator maintains the list of written translation resources that are available to staff, which includes:**

Names and contact information for all resources

Names and locations of staff members who are available to provide oral translations of written documents

Languages in which each translation service is qualified

Procedure for accessing each translation service

## **PART 5 – STAFF TRAINING**

**The person(s) in the agency who is responsible for the provision of training to staff in language access issues is: Joan Rogers**

**The staff training includes the following components:**

The legal obligations to provide meaningful access to benefits and services to LEP individuals

How to access language assistance services

- ✓ How to work with interpreters
- ✓ Cultural competence and cultural sensitivity
- ✓ Documenting the language needs of LEP individuals and the language services provided to them by the agency
- ✓ How to obtain written translation services

**The methods and frequency of training are as follows:**

- Mandated online training program with performance support materials (may include job aids for handling callers while accessing services and sensitivity-building videos, etc.).
- The online program will become the mandated training for all new employees.
- Annual refresher programs will be done to reinforce and build knowledge and skills.

**PART 6 – ADMINISTRATION**

**Monitoring**

**To ensure compliance with the Plan, the LAC will monitor its implementation as follows:**

WCB will monitor its document submissions (both overall and by language) to confirm the appropriate documents and languages have been selected. It will also monitor its requests for oral translation services to confirm the appropriate languages have been selected. Finally, it will track complaints (both about existing services and missing services) to determine where gaps exist and take action as appropriate.

**Complaints**

**We provide information to the public, including to LEP individuals in languages regularly encountered in this service area, advising them of the right to file a complaint if they feel that they have been the subject of discrimination. The information we provide describes how and/or where to file a complaint. We do not retaliate or take other adverse action because an individual has filed a complaint alleging discrimination based on LEP status or needs.**

**We display information on the right to file a complaint, and the procedures to file a complaint, in the following manner:**

This information will be incorporated into the brochures and signage identified in Part 3 to advertise WCB's language assistance services. Additionally, the standardized complaint forms will be available to

the public upon request in all 7 languages at our office.

**We handle complaints made to the agency regarding the provision of language assistance services in the following manner:**

A dedicated e-mail account will be established to file complaints directly. All complaints submitted to this account or expressed to WCB staff (either over the phone, in person or in writing) will be forwarded to the Language Access Coordinator for evaluation, resolution and response.

**PART 7 – SIGNATURES**

	Executive Director	
Jeffrey R. Fenster		08/30/12
Head of Agency	Title	Date

	Director of Operations	
Daniel C. West		08/30/12
Agency LAC	Title	Date

		9/17/12
Deputy Secretary for Civil Rights		Date

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**TRANSLATE**

Form ID	Form Title / Description	Note
A-9	Notice That You May Be Responsible For Medical Costs In the Event Of Failure to Prosecute, or If Compensation Claim is Disallowed, Or If Agreement Pursuant to WCB §32 Is Approved	Currently translated into Spanish
C-3	Employee's Claim for Compensation (also Online Submission)	Currently translated into Spanish
C-3.0 Inst	Instructions for Completing Form C-3, "Employee Claim for Compensation"	Currently translated into Spanish
C-3.1	Notice of Right to Select A Workers' Compensation Board Authorized Health Care Provider	Currently translated into Spanish
C-62	Claim for Compensation in a Death Case	
CB-11	Explanation of Conciliation Process	Currently translated into Spanish
OC-110A	Claimant's Authorization to Disclose Workers' Compensation Records	Currently translated into Spanish
VDF-1	Loss of Wage Earning Capacity, Vocational Data Form	
C-105	Notice of Compliance - Workers' Compensation Law	WCB mandates form content but carriers/employers are responsible for production/posting
DB-120	Notice of Compliance - Disability Benefits Law	WCB mandates form content but carriers/employers are responsible for production/posting
Poster	File an Employee's Claim for Compensation Poster	Currently translated into Spanish
Poster	The Rights and Responsibilities of an Injured Worker Poster	
Publication	Injured on the Job Brochure (Employee Guide To NYS Workers' Compensation)	Currently translated into Spanish
Publication	Injured on the Job Awareness Card	Currently translated into Spanish, Russian, Chinese, Polish and Haitian Creole
Publication	Off the Job Injury or Illness (Guide to NYS Disability Benefits)	
Publication	What is Workers' Compensation Fraud Brochure	
Publication	Advocate for Injured Workers Brochure	
Publication	Advocate for Business Brochure	
Publication	Compliance Brochure (Employer Guide To NYS Workers' Compensation)	
Publication	What Business Owners Must Know about Workers' Compensation Pamphlet	Currently translated into Spanish and Chinese
Publication	Claimant Information Packet	Currently translated into Spanish
Publication	Employers Handbook	
Publication	Understanding Your Schedule Loss Of Use Award	
Publication	Get the Facts about Medical Treatment Guidelines	

**INCLUDE INTERPRETER SERVICE NOTIFICATION**

Form ID	Form Title / Description	Note
Publication	Prove It to Move It Program Handbook	
C-2	Employer's Report of Work-Related Injury/Illness	Employer Form
C-2.0 Inst	Instructions for Completing Form C-2, "Employer's Report of Work-Related Injury/Illness"	Employer Form
DB-105	Employer's Statement Re Coverage Under New York Disability Benefits Law	Employer Form

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Form ID	Form Title / Description	Note
DB-120.1	Employer's Application for Certificate of DB Insurance	Employer Form
-	Employer Penalty Notification Letter (No Insurance)	Employer Form
VAW-3	Volunteer Ambulance Worker's Claim for Benefits	Limited Volume
VAW-62	Claim for Volunteer Ambulance Workers' Benefits in a Death Case	Limited Volume
VF-3	Volunteer Firefighter's Claim for Benefits	Limited Volume
VF-62	Volunteer Firefighter's Claim for Compensation in a Death Case	Limited Volume
Publication	Injured in the Line of Duty (Volunteer Firefighter's and Ambulance Worker's Guide to NYS Benefits)	Limited Volume
25-a Affidavit	Claimant's Affidavit Re Possible §25-A Liability	Not Initial Contact Form
ADR-1	Alternative Dispute Resolution Program Report of Injury	Not Initial Contact Form
ADR-1.1	Modification of Previous Report	Not Initial Contact Form
ADR-2	Alternative Dispute Resolution Program Final Disposition on Settlement of Claim	Not Initial Contact Form
AFF-1	Affidavit for Death Benefits	Not Initial Contact Form
BP-1	Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1,2,3 or 4 Family, Owner-Occupied Residence	Not Initial Contact Form
C-105.1	Notice to Be Posted by Employers Under WCL for Automotive or Horse-Drawn Vehicles	Not Initial Contact Form
C-11	Employer's Report of Injured Employee's Change in Work Status Resulting from Injury (also Online Submission)	Not Initial Contact Form
C-121	Claim for Compensation and Notice of Commencement of Third Party Action	Not Initial Contact Form
C-121.1	Letter to Claimant Regarding Third Party Action	Not Initial Contact Form
C-128.11	Letter to Employer for Arrangement for Payment of Penalties	Not Initial Contact Form
C-18.6	Information to Claimant Under Section 15, Subd. 3	Not Initial Contact Form
C-21	Application for an Advance on Periodic Payments of Compensation	Not Initial Contact Form
C-22	Application for Approval of Non-Schedule Adjustment	Not Initial Contact Form
c240	Employer's Statement of Wage Earnings	Not Initial Contact Form
C-25	Application for Reopening of Claim More Than Seven Years After Accident	Not Initial Contact Form
C-25.1	Transmittal Letter for C-25	Not Initial Contact Form
C-257	Claimant's Record of Medical and Travel Expenses and Request for Reimbursement	Not Initial Contact Form
C-258	Claimant's Record of Medical-Travel Expenses - Job Search Efforts	Not Initial Contact Form
C-300.34	Statement of Unresolved Issues - Special Part for Expedited Hearings	Not Initial Contact Form
C-300.5	Stipulation	Not Initial Contact Form
C-305	Letter to Claimant Regarding of Form C-3	Not Initial Contact Form
C-312.5	Agreed Upon Findings and Awards for Proposed Conciliation Decision (Represented Claimants Only)	Not Initial Contact Form
C-32	Settlement Agreement - Section 32	Not Initial Contact Form
C-32.1	Settlement Agreement - Section 32 - Claimant Release	Not Initial Contact Form
C-344	Letter to Non-Insured Non-Resident Employer (Sec. 50-a)	Not Initial Contact Form
C-369	Request To The Chair of The Workers' Compensation Board For Assistance In Obtaining Reimbursement Of Monies Paid To Health Care Provider	Not Initial Contact Form
C-370	Assignment To The Chair, Workers' Compensation Board Of Cause Of Action Against Health Care Provider For Recovery Of Money Paid For Treatment Under The Workers' Compensation Law	Not Initial Contact Form
C-376	Patient/Claimant Information	Not Initial Contact Form
C-389.1	Letter Reply to Request for Information Where Claimant's Authorization to Release Such Information Was Not Submitted	Not Initial Contact Form
C-411	Letter to Claimant Transmitting Report of Impartial Specialist	Not Initial Contact Form
C-416	Letter to Claimant Re Examination by Impartial Specialist	Not Initial Contact Form
C-430S	Statement of Rights	Not Initial Contact Form
C-64	Proof of Death	Not Initial Contact Form

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Form ID	Form Title / Description	Note
C-65	Proof of Burial and Funeral Expenses - by Undertaker	Not Initial Contact Form
C-92.1	Authorization to Make Payments From Uninsured Employers' Fund	Not Initial Contact Form
CB-10	Unrepresented Claimant's Consent to Participate in the Conciliation Process	Not Initial Contact Form
CE-150 RF	Compliance Employer Whistleblower Form	Not Initial Contact Form
DB-100	Employer General Inquiry Notice	Not Initial Contact Form
DB-100 P2	Employer General Inquiry Notice - Attachment	Not Initial Contact Form
DB-102	Information for Employer Re Disability Benefits Law	Not Initial Contact Form
DB-105.2	Letter Transmitting DB-105 to Non-Insured Employer	Not Initial Contact Form
DB-118	Employer's Statement for the Purpose of Terminating Status as a Covered Employer	Not Initial Contact Form
DB-125	Employer Identification Card	Not Initial Contact Form
DB-130	Employee's Statement of Exempt Status (Under Sec. 235 of the DB Law)	Not Initial Contact Form
DB-135	Employer's Application for Voluntary Coverage (Employee Contribution Not Required)	Not Initial Contact Form
DB-136	Employer's Application for Voluntary Coverage (Employee Contribution Required)	Not Initial Contact Form
DB-159.1	Notice of Termination of Employer's Participation in Self-Insured Association, Union or Trustees Plan	Not Initial Contact Form
DB-221	Letter to DB Carrier to Verify Coverage Claims by Employer (IEU)	Not Initial Contact Form
DB-250 E	Employer Notification - Due to Sending a Carrier Inquiry Notice	Not Initial Contact Form
DB-300	Notice and Proof of Claim for Disability Benefits by Unemployed Claimant	Not Initial Contact Form
DB-300.2	Application by Survivor for Disability Benefits Due Deceased Claimant	Not Initial Contact Form
DB-300.3	Letter Re Disposition of Benefits Due Deceased Claimant	Not Initial Contact Form
DB-304	Letter Educational to Claimant Re Transfer of Claim to Carrier	Not Initial Contact Form
DB-308	Demand for Refund of Overpayment (Notice to Claimant)	Not Initial Contact Form
DB-310	Request for Additional Information from Claimant	Not Initial Contact Form
DB-310.1	Form Letter to DB Claimant with Possible Compensation Case	Not Initial Contact Form
DB-310.5	Form to Claimant Re Late Filing	Not Initial Contact Form
DB-310.8	Request to Claimant Re Employment Status	Not Initial Contact Form
DB-315.7	Letter Obtaining Employer Status Without Investigation	Not Initial Contact Form
DB-316	Letter to Claimant Advising Last Employment Was Not Covered Under DBL	Not Initial Contact Form
DB-318	Claimant's Inquiry Re DB Claims	Not Initial Contact Form
DB-319	Letter to Claimant Acknowledging Receipt of DB-300 and Requesting Further Information	Not Initial Contact Form
DB-319.2	Letter of Acknowledgment to Claimant Pending Determination of Employer's Coverage	Not Initial Contact Form
DB-320	Flyer Returning UI Book to Claimant	Not Initial Contact Form
DB-349	Letter to Claimant Re Waiting Period Under UI Law	Not Initial Contact Form
DB-371	Acknowledgment of Receipt of Request for Review of Carrier/Employer Rejection of Claim for Disability Benefits	Not Initial Contact Form
DB-372.1	Letter to Claimant After Review - Rejecting Claim for Disability Commencing More Than 26 Weeks After Termination of Employment	Not Initial Contact Form
DB-372.2	Letter to Claimant After Review - Rejecting Claim Because Proof of Disability Was Furnished More Than 26 Weeks After Disability Began	Not Initial Contact Form
DB-372.3	Letter to Claimant After Review - Rejecting Claim Because Maximum Benefits Have Been Paid	Not Initial Contact Form
DB-372.4	Request to Claimant for Additional Information on Request for Review	Not Initial Contact Form
DB-374	Notice to Carrier that Claimant Has Requested Review of Rejection of DB Claims	Not Initial Contact Form
DB-380.1	Letter to Claimant's Attorney Re: Third Party Action	Not Initial Contact Form
DB-410	Notice of Determination of Employer Liability Under the DBL	Not Initial Contact Form

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Form ID	Form Title / Description	Note
DB-451.4	Letter to Claimant After Review of Carrier Rejection Furnishing C-3 for Possible Compensation Claim	Not Initial Contact Form
DB-451.5	Letter to Claimant Requesting Filing Information (Carrier Rejection)	Not Initial Contact Form
DB-452.1	Letter to Carrier Re Claimant's Inquiry as to Claim Status	Not Initial Contact Form
DB-473.3	Notice to Employer of Hearing Re: DB Claim Under Sec. 206.2	Not Initial Contact Form
DB-602	Notice Alerting Claimants of Federal Social Security Benefits	Not Initial Contact Form
DB-680.1	Employer's Report of Excess Dividends or Rate Credits	Not Initial Contact Form
DB-800	DBL - Employer Providing Disability Benefits (Application and Agreement)	Not Initial Contact Form
DB-801	Plan of an Association of Employers or Employees, Union or Trustees Providing Disability Benefits (Application and Agreement)	Not Initial Contact Form
DB-801	Plan of an Association of Employers or Employees, Union or Trustees Providing Disability Benefits (Application and Agreement)	Not Initial Contact Form
DB-802	D.B.L. - Employer's Application to Have Association, Union or Trustee Plan Accepted as Employer's Plan	Not Initial Contact Form
DB-817	Request to Employer Re Benefits Provision	Not Initial Contact Form
DB-817.1	Second Request To Employer Re Benefits Provisions	Not Initial Contact Form
DB-890	Letter to Claimant Appearing at DB Bureau	Not Initial Contact Form
DC-120	Discharge or Discrimination Complaint	Not Initial Contact Form
DC-130	Notice to Employer & Request for Information Re Discharge or Discrimination Complaint	Not Initial Contact Form
DC-398	Letter to Claimant Transferring Discrimination Case to Another District Office	Not Initial Contact Form
DD-1	Direct Deposit of Benefit Authorization Form	Not Initial Contact Form
DD-2	Biannual Recertification to Entitlement to Benefits	Not Initial Contact Form
EC/CA-1	Claimant's Request for eCase Access	Not Initial Contact Form
EC/CA-2	Letter to Claimant Returning Form EC/CA-1 and/or eCase Agreement	Not Initial Contact Form
EC-2	Employer's Report of Work-Related Injury/Occupational Disease	Not Initial Contact Form
EC-225 Series	EC-225 E1 and EC-225 G1: Workers' Compensation Employer Inquiry Notice	Not Initial Contact Form
EC-23 WTC VOL	Notice of Decision - WTC Volunteer Fund (REVERSE)	Not Initial Contact Form
EC-240	Employer's Statement of Wage Earnings	Not Initial Contact Form
EC-44D	EC-44D Demand for Pmt. No Ins.	Not Initial Contact Form
EC-510 CRSL	Stat Lapse Penalty Notice - due to carrier rejection of employer's coverage claim in response to a carrier inquiry notice	Not Initial Contact Form
EC-510 NS	Continuous Lapse Penalty Notice - due to new employer or employer subjectivity change	Not Initial Contact Form
EC-510 SLCR	Continuous Lapse Penalty Notice - due to carrier's rejection of employer's coverage claim in response to a carrier inquiry	Not Initial Contact Form
EOC-502.14	Enforcement Unit Report of Employer Compliance (Includes EC-47.10)(Set)	Not Initial Contact Form
GSI-1.1	Application for Participation in Group Self-Insurance Plan and Employer's Report of Payroll & Loss Experience	Not Initial Contact Form
GSI-3	Agreement and Undertaking of Employer Group As a Self-Insurer	Not Initial Contact Form
GSI-3.1	Notice of Termination of Employer's Participation in Group Self-Insurance Plan	Not Initial Contact Form
HIPPA-1	Claimant's Authorization to Disclose Health information (Pursuant to HIPAA)	Not Initial Contact Form
IG-1	Fraud Compliant	Not Initial Contact Form
IME-5	Claimant's Notice of Independent Medical Examination under Section 137 WCL	Not Initial Contact Form
OC-403.2	Application by Employee of S.I. Representative to Appear Before the Board	Not Initial Contact Form
OC-403.2R	Renewal of Application of Licensed Employer Uder Section 50-3B or 3D	Not Initial Contact Form

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Form ID	Form Title / Description	Note
OC-502.7	Request for Employer Records	Not Initial Contact Form
OC-669	Employee's Work History Report	Not Initial Contact Form
OC-800.1	Notice to Family Court Petitioner Re: Family Court Support Lien	Not Initial Contact Form
OC-800.3DB	Notice to Family Court Petitioner Re: Stopping DB Payments	Not Initial Contact Form
OC-850	Notice to Employer That Findings Made By The Division of Labor Standards May Be Used As Evidence By WCB (Illegal employment of minor)	Not Initial Contact Form
OC-851	Notice to Employer That Findings Made By The Division of Labor Standards May Be Used As Evidence By the WCB (double compensation)	Not Initial Contact Form
OC-923	Letter to New Employer Re W.C. and D.B. Coverage	Not Initial Contact Form
RB-8.2	Request for Reimbursement and Certificate of Accuracy (Uninsured Employer's Fund)	Not Initial Contact Form
RB-89	Cover Sheet - Application for Board Review	Not Initial Contact Form
RB-89.1	Cover Sheet - Rebuttal of Application for Board Review	Not Initial Contact Form
RB-89.2	Cover Sheet - Application for Full Board Review	Not Initial Contact Form
RFA-1W	Request for Assistance by Injured Worker	Not Initial Contact Form
RTW	Employer's Report on Return to Work	Not Initial Contact Form
RTW-14	Referral Letter re: Assistance in RTW	Not Initial Contact Form
RTW-20	Letter re: Permanent/Partial Disability and RTW	Not Initial Contact Form
TF-102 PEO	Compliance Unit Letter to Employer re: Period of Non-Compliance, Lapse of Workers' Compensation Insurance (DRAFT)	Not Initial Contact Form
TF-300-AR	Compliance Unit Letter to Employer Requesting FEIN or SSN	Not Initial Contact Form
VAW-501	Volunteer Ambulance Worker Benefit Rates - Death Benefits	Not Initial Contact Form
VF/VAW-11C	Volunteer's Notification of Executive Officer of Fire/Ambulance Company of Significant Risk of Transmission of HIV Under Sec. 11-C(1) VFBL/VAWBL	Not Initial Contact Form
VF-105	Notice of Compliance - Volunteer Firefighters Benefit Law	Not Initial Contact Form
W32R	WAMO Settlement Agreement - Section 32 WCL (RETAIL)	Not Initial Contact Form
WER-14 Brooklyn	Letter to Claimant to Call Office Re Interview (Brooklyn)	Not Initial Contact Form
WER-14 Hauppauge	Letter to Claimant to Call Office Re Interview (Hauppauge)	Not Initial Contact Form
WER-14 Hempstead	Letter to Claimant to Call Office Re Interview (Hempstead)	Not Initial Contact Form
WER-14 Manhattan	Letter to Claimant to Call Office Re Interview (Mahnattan)	Not Initial Contact Form
WER-14 New City	Letter to Claimant to Call Office Re Interview (New City)	Not Initial Contact Form
WER-14 Newburgh	Letter to Claimant to Call Office Re Interview (Newburgh)	Not Initial Contact Form
WER-14 Peekskill	Letter to Claimant to Call Office Re Interview (Peekskill)	Not Initial Contact Form
WER-14 Queens	Letter to Claimant to Call Office Re Interview (Queens)	Not Initial Contact Form
WER-14 White Plains	Letter to Claimant to Call Office Re Interview (White Plains)	Not Initial Contact Form
WER-15	Instructions to Claimant to Contact Rehabilitation Section	Not Initial Contact Form
WER-17	Notification Re Rehab. Bureau Action or Referral to OVR	Not Initial Contact Form
WER-78.1	Letter to Claimant Re Section 15, Subd. 1	Not Initial Contact Form
WER-80	Claimant's Authorization to Release or Obtain Records	Not Initial Contact Form
WTC-1	Letter to WTC Survivor/Dependent	Not Initial Contact Form
WTC-1 DP	Letter to WTC Survivor/Dependent (Domestic Partner)	Not Initial Contact Form
WTC-10	Letter to WTC Claimant Re C-7 With No Medical Evidence	Not Initial Contact Form
WTC-12	Registration of Participation in World Trade Center Rescue, Recovery and/or Clean-Up Operations	Not Initial Contact Form

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Form ID	Form Title / Description	Note
WTC-14	Letter regarding WTC-12	Not Initial Contact Form
WTC-3	Letter to Injured Claimant Who Has Given Telephone Information - WTC Disaster	Not Initial Contact Form
WTC-3 A	Letter to WTC Claimant	Not Initial Contact Form
WTC-4	Letter to WTC Survivor/Dependent	Not Initial Contact Form
WTC-4 DP	Letter to WTC Survivor (Domestic Partner)	Not Initial Contact Form
WTC-5	Letter to WTC Claimant	Not Initial Contact Form
WTC-6	Letter to WTC Claimant	Not Initial Contact Form
WTC-7	Letter Transmitting WTC Documents to Other Jurisdiction	Not Initial Contact Form
WTC-9	Letter to WTC Claimant Requesting Employment History	Not Initial Contact Form
WTC-VOL-2	Letter to WTC Volunteer Claimant: Temporary Payment of Benefits Without Prejudice	Not Initial Contact Form
WTC-VOL-3	World Trade Center Volunteer's Claim for Compensation	Not Initial Contact Form
EC-1	EC-1 - Notice of Assembling Case	System-Generated Form
EC-84	EC-84 - Notice of Indexing Case	System-Generated Form
EC-84.4	EC-84.4 - Notice of Indexing (Claimant Copy)	System-Generated Form
EC-16	EC-16 - External - Hearing Notice or Cancellation	System-Generated Form
ECB-16	ECB-16 - External - Conciliation Meeting Notice	System-Generated Form
EC-16.9	EC-16.9 - Notice of Hearing (New Case - Scratch Copy)	System-Generated Form
PH-16	PH-16 - External - Pre-Hearing Notice or Cancellation	System-Generated Form
EC-84.1	EC-84.1 - Request For Additional Information	System-Generated Form
EC-200X	Administrative Determination Cancellation	System-Generated Form
EC-200X	Administrative Determination (C-9 No Medical Evidence)	System-Generated Form
EC-200X	Administrative Determination (Death w/Dependents)	System-Generated Form
EC-200X	Administrative Determination (Death w/o Dependents)	System-Generated Form
EC-200X	Administrative Determination, No Insurance (Death w/Dependents)	System-Generated Form
EC-200X	Administrative Determination, No Insurance (Death w/o Dependents)	System-Generated Form
EC-200X	Administrative Determination, No Insurance (No Medical Evidence)	System-Generated Form
EC-200X	Administrative Determination, No Insurance (Non-Scheduled Loss)	System-Generated Form
EC-200X	Administrative Determination, No Insurance (Scheduled Loss)	System-Generated Form
EC-200X	Administrative Determination (Non-Scheduled Loss)	System-Generated Form
EC-200X	Administrative Determination (Penalty)	System-Generated Form
EC-200X	Administrative Determination (Scheduled Loss)	System-Generated Form
EC-18	Hearing Decision (Scheduled Loss)	System-Generated Form
EC-18	Reserved Hearing Decision (Scheduled Loss)	System-Generated Form
EC-22	Lump Sum Settlement	System-Generated Form
EC-23	Hearing Decision (Non-Scheduled Loss)	System-Generated Form
EC-23R	Reserved Hearing Decision (Non-Scheduled Loss)	System-Generated Form
EC-23.5	Uninsured Employer (Death w/Dependents)	System-Generated Form
EC-23.5R	Reserved Uninsured Employer (Death w/Dependents)	System-Generated Form
EC-23.5	Uninsured Employer (Death w/o Dependents)	System-Generated Form
EC-23.5R	Reserved Uninsured Employer (Death w/o Dependents)	System-Generated Form
EC-23.5	Uninsured Employer (Non-Scheduled Loss)	System-Generated Form
EC-23.5R	Reserved Uninsured Employer (Non-Scheduled Loss)	System-Generated Form
EC-23.5	Uninsured Employer (Scheduled Loss)	System-Generated Form
EC-23.5R	Reserved Uninsured Employer (Scheduled Loss)	System-Generated Form
EC-32.3	Section 32 (Approval)	System-Generated Form
EC-32.3	Section 32 (Disapproval)	System-Generated Form
EC-67	Hearing Decision Death w/Dependents	System-Generated Form
EC-67	Desk Decision Death w/Dependents	System-Generated Form
EC-67	Reserved Hearing Decision Death w/Dependents	System-Generated Form
EC-68A	Hearing Decision Death w/o Dependents	System-Generated Form
EC-68A	Desk Decision Death w/o Dependents	System-Generated Form
EC-68A	Reserved Hearing Decision Death w/o Dependents	System-Generated Form
EBRB-2	Mandatory Full Board Review	System-Generated Form
EBRB-5	Full Board Review Denial Decision	System-Generated Form

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Form ID	Form Title / Description	Note
EC-325	Order of the Chair	System-Generated Form
EC-325.1	Rescission Order of the Chair	System-Generated Form
EC-325.2	Objection to an Order of the Chair	System-Generated Form
EC-70	Notice of Resolution of Treatment	System-Generated Form
EC-71	Notice of Resolution of Treatment	System-Generated Form
PD-CANCEL	Proposed Decision Cancellation	System-Generated Form
PD-NSL	Proposed Decision (Non-Scheduled Loss)	System-Generated Form
PD-SL	Proposed Decision (Scheduled Loss)	System-Generated Form
RB-59	Rejection of Application for Lump Sum	System-Generated Form
RB-62.1A	Denial of Request for Approval of Lump Sum	System-Generated Form
RB-62.1LS	Approval of Request for Lump Sum	System-Generated Form
RESERVE	Reserve Decision	System-Generated Form
EC-306	Letter to Claimant re:Possible Future Disability	System-Generated Form
EC-314	Letter to Claimant re:Out of State Physician	System-Generated Form
EC-32.4	Request Section 32 Signatures	System-Generated Form
EC-32.5	Notice: Receipt of Section 32	System-Generated Form
EC-32.6	Letter to Claimant in Section 32 Case That Meeting is Needed	System-Generated Form
EC-32.7	Letter indicating that a POI withdrew from Sec. 32	System-Generated Form
EC-321	Letter to Carrier Requesting C-8/8.6	System-Generated Form
EC-395	Letter to Claimant re: Employer Making Payments without Prejudice	System-Generated Form
EC-79	Letter to Employer Requesting Name of Carrier & Accident Report	System-Generated Form
ECB-8.3	Request for Supplemental Medical Information	System-Generated Form
EC-94	EC-94 No Insurance - Claimant Letter	System-Generated Form
EC-97	Notice of Interest Due	System-Generated Form
EC-99	No Insurance - Letter to Claimant Re Return to Work	System-Generated Form
EARD-1	Claimant's Statement on Attorney's Fee	System-Generated Form
C-121.1	Letter to Claimant Regarding Third Party Action	System-Generated Form
EC-121.1NI	Letter to Claimant Regarding Third Party Action - UEF	System-Generated Form
EC-307	Letter to claimant in death case requesting needed forms	System-Generated Form
EC-307.1	Death Case Follow-up Letter	System-Generated Form
EC-308	Letter to Claimant Re Possible Concurrent Employment	System-Generated Form
EC-313	Letter to Carrier Re Preliminary Expedited Hearing Conference	System-Generated Form
EC-332	Application for Review (RB-89) Response	System-Generated Form
EC-398	Letter Transferring Case to Another District Office	System-Generated Form
EC-7.3	Notice to Carrier Regarding Action Taken on Form C-7	System-Generated Form
EC-81.7	Notice Regarding Possible Award for Permanent Injury	System-Generated Form
EC-88	Claims Bureau Acknowledgement of Receipt of Correspondence	System-Generated Form
EDB-473	Notice to DB Carrier of Claim Under Section 206-2	System-Generated Form
ERFA-1.1	RFA Acknowledge letter to Claimant	System-Generated Form
ERFA-2.1	RFA Acknowledge letter to Carrier	System-Generated Form
ERFL-1	Case Reopening Letter W/C-8.1 Issues	System-Generated Form
ERFL-2	Case Reopening Letter (other)	System-Generated Form
MD-2	Medical Authorization Determination	System-Generated Form
EC-305.3	Letter indicating claimant may have sustained injury	System-Generated Form
C-340	Letter Requesting Identifying Information	System-Generated Form
C-362.1	Letter to Return Reports in Cases Not Under WCB Jurisdiction	System-Generated Form
EC-79	Letter to Employer Requesting Name of Carrier & Accident Report	System-Generated Form
EWTC-14	Letter to claimants with disallowed/controverted claims	System-Generated Form
EPF-13	Rejection of Request to review Section 32 Agreement	System-Generated Form
WTC-13ADR	Letter to claimants on extension of time	System-Generated Form
EWTC-14	Letter to claimants with disallowed/controverted claims	System-Generated Form
EWTC-13	Letter to employers when there is no claim	System-Generated Form
EWTC-15	Letter to employers where claim is disallowed/controverted	System-Generated Form
EWTC-13	Letter to employers when there is no claim	System-Generated Form
EWTC-15	Letter to employers when a claim exists	System-Generated Form
EC-224-GI	Employer General Inquiry Notice	System-Generated Form

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Form ID	Form Title / Description	Note
EC-224-E1	Employer Inquiry Notice	System-Generated Form
EC-510-CL	Continuous Lapse Penalty Notice	System-Generated Form
EC-510-SL	Stat Lapse Penalty Notice	System-Generated Form
C-223	Carrier Inquiry Notice	System-Generated Form
EC-520	Penalty Revision Notice - w/ appeal	System-Generated Form
EC-521	Penalty Revision Notice - w/o appeal	System-Generated Form
EC-540-RP	Penalty Rescission Notice	System-Generated Form
JD	Judgments	System-Generated Form
DB-190-GI	Employer General Inquiry Notice	System-Generated Form
DB-200-E1	Employer Inquiry Notice	System-Generated Form
DB-511	Penalty Notice	System-Generated Form
DB-250	Carrier Inquiry Notice	System-Generated Form
DB-520	Penalty Revision Notice - w/ appeal	System-Generated Form
DB-521	Penalty Revision Notice - w/o appeal	System-Generated Form
DB-540-RP	Penalty Rescission Notice	System-Generated Form
CE-200-APPLY	Application for the Certificate of Attestation of Exemption	System-Generated Form
CE-200-COV	Cover letter for the Certificate of Attestation of Exemption	System-Generated Form
CE-200-REJ	Rejection of Application for the Certificate of Attestation of Exemption	System-Generated Form
TF-100-NF	TFL for no FEIN Employers	System-Generated Form
TF-101-DE	TFL for different Entities	System-Generated Form
TF-102-PEO	TFL for Employers using a professional Employer Organization	System-Generated Form
TF-400-JD	TFL for Judgment	System-Generated Form
TF-401-JD	TFL for Judgment - Hardship	System-Generated Form
TF-402-JD	TFL for Judgment - Payoff	System-Generated Form
TF-DB-223-2	TFL for Admin Override C2 form - DB	System-Generated Form
TF-EC-223-2	TFL for Admin Override C2 form - WC	System-Generated Form