

FILLING OUT THE FORM DWC-1 EMPLOYEE CLAIM FOR WORKERS' COMPENSATION BENEFITS

- THIS FORM MUST BE PROVIDED TO THE INJURED EMPLOYEE WITHIN 24 HOURS OF ANY KNOWLEDGE OF INJURY/ILLNESS ●
1. The authorized employer representative must complete the bottom Employer section before giving or mailing the form to employee.
 - a. **Do not fill in line 13 until form is returned by employee.**
 - b. Fill in lines 9, 10, 17 & 18 which are self-explanatory.
 - c. Fill in line 11 with date when the employer first knew of injury/illness.
 - d. Fill in line 12 with date that the claim form was given or mailed to employee. The form should not be given out in advance.
 - e. Sign the form on line 16 after filling out the form.
 2. Tear off and keep the green copy as this is your temporary receipt. Mail a copy of the temporary receipt to the CFSA claims department if the injured employee does not fill out the form on that day.
 3. If the injured employee is not present, you must mail the form to them. If the injured employee is present, give the partially completed form to them with the instructions to fill out the top Employee section.
 4. Within 24 hours of receiving this form back from the injured employee:
 - a. Fill in line 13 with date that the form was received from employee.
 - b. Distribute the copies of the completed form as shown on bottom line of form.
 - c. WITHIN 24 HOURS, MAIL THE YELLOW COPY TO CFSA.

**BY COMPLETING THIS FORM YOU ARE NOT ADMITTING LIABILITY
BUT SIMPLY COMPLYING WITH THE LAW.**

A sample Form DWC-1, 1/16 Rev is attached.