

**Informed Marketing Serives Inc. – Workers Compensation Insurance Information**

Carrier: The NYS Insurance Fund, 100 Broadway-Menands, Albany, NY 12241-0005  
Policy# H1113592-8

## Workers' Compensation Forms

### Forms to Be Filed by the Employer (job related injury or illness)

- C-11** Employer's Report of Injured Employee's Change in Employment Status Resulting from Injury
- C-63** Wage Statement Subsequent to Date of Accident
- C-107** Employer's Request for Reimbursement
- C-240** Employer's Statement of Wage Earnings
- C-256** Claims for Reimbursement of Excess Benefits Paid Under a Welfare, Pension, or Benefit Plan
- C-256.2** Claims for Reimbursement of Wages Paid to State Employees
- WEC-62** Wage Statement in Case of Minor

### Forms to Be Filed by the Claimant

- C-3** Employee's Claim for Compensation
- C-3.1** Notice that Employee Elects Not to Choose Own Doctor

### Forms to Be Filed by the Attending Doctor

- C-4** 48 Hour/Progress Report for the Attending Physician/Podiatrist/Chiropractor
- C-5** Eye Surgeon's Report
- C-24** Attending Surgeon's Post-Operative Report on Hernia Case

## Disability Benefits Forms

### Forms to Be Filed by the Disabled Employee (non-job related injury or illness)

- DB-450** Notice and Proof of Claim for Disability Benefits by Employed Claimant
- DB-300** Notice and Proof of Claim for Disability Benefits by Unemployed Claimant

### Forms to Be Filed by the Employer

- CBD-22** Employer's Statement