



1879 West Genesee Street Road • Auburn, New York 13021

Employee Work Related Injury Form

1. Employee Name (Please Print): _____
2. Employee Signature: _____ Date: _____
3. Employee Phone Number: _____ **Date of Incident** _____
4. **Time Employee Began Work** _____ AM/PM **Time of Incident** _____ AM/PM
5. Witnesses: _____
6. Which building injury or illness happened in, and where in the building? Be specific:

7. What was the employee doing just before the incident occurred? Be specific:

8. What happened, how did the injury occur?: _____

9. Injury. Be specific: ex. Back of right knee: _____

10. Please indicate what treatment, if any, was received, when and where. (Were you seen by a doctor or clinic? Please specify facility, personnel giving treatment, and date of treatment):

11. Date employer had knowledge of disability: _____
12. Dates absent from work due to injury or illness: _____
13. Date employer had knowledge of injury: _____
14. Date returned to work _____ (Please call Human Resources (5819) to specify when you are back).

NOTE: Lost time is charged to your sick time. BOCES will ask for reimbursement from the Workers' Compensation carrier and sick time will be restored upon receipt of reimbursement (prorated according to rate paid). In order to be reimbursable, lost time may be taken only by Physician's written order.

Please give specific details as to HOW accident happened and WHERE you were and WHAT you were doing at the time of injury or illness.

It is important that accidents be reported and completed as soon as possible. **If your work location is off the BOCES Campus, please contact your supervisor at BOCES. Do not complete an injury or illness form at any of the other school offices.**

Please send this completed form to Linda Montross (lmontross@caybores.org) within **24 hours** of injury.



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CAYUGA-ONONDAGA B.O.C.E.S
1879 W GENESEE ST RD
AUBURN NY 13021

Date: 5/17/2019
Policy No.:2337 721-1

Dear Policyholder:

The New York State Insurance Fund (NYSIF) is writing to notify you of important information concerning your workers' compensation policy. Please read this notice carefully, as it contains information to assist your employees with their workers' compensation claims.

Change in Pharmacy Benefits Policy

Effective May 20, 2019, NYSIF will only pay for prescriptions for a work-related injury or illness that are filled at a pharmacy within the CareComp pharmacy network. This network includes over 67,000 participating pharmacies which provides your employees an easy and convenient way to obtain their prescriptions. For a list of participating pharmacies, please visit www.wcrxpharmacylocator.com or call the 24-hour patient care hotline at **(866) 493-1640**. As of May 20, 2019, NYSIF will no longer cover any prescriptions that are filled by a pharmacy that is not within the CareComp network.

Process for New Claimants

Remember to report any employee injuries or illness as soon as possible by completing an eFROI at www.nysif.com/reportinjury. After you report the incident to NYSIF, please provide your employees with the claimant information packet found on www.nysif.com/forms which contains information on how to obtain immediate medical and pharmacy benefits. A NYSIF case manager will contact you and your employee to assist with the claim.

If you have any questions or need any assistance, please visit www.nysif.com/networkbenefits or contact NYSIF at (888) 875-5790. Thank you for your support.

