Canadian Union of Public Employees

Guide to Filling Out WorkSafeBC Form 6

WCB Advocacy Department - BC Regional Office

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INTRODUCTION:

The following guide to filling out the WorkSafeBC "**Form 6 – Application for Compensation and Report of Injury or Occupational Disease**" is meant to assist injured workers in answering key questions of the WorkSafeBC initial claims process forms. As part of that process, workers are reminded to:

1. Ensure that you have assistance, as required, in filling out the **Form 6**.

2. Use this Guide in conjunction with the WorkSafeBC **Form 6** – Reference Guide available at http://www.worksafebc.com/forms/default.asp?showTab=workers#workers.

3. Ensure that you have reported the injury or condition to your Employer, First Aid (as applicable), the Local Union Occupational Health & Safety Committee and your physician within 24 hours.

4. Attach copies of all relevant documents, witness statements, photographs, et ceteras to the **Form 6**.

5. Send the completed **Form 6** to WorkSafeBC via fax 604 233-9777 in Greater Vancouver or toll-free within BC at 1 888 922-8807 or mail WorkSafeBC, PO Box 4700 Stn Terminal, Vancouver, BC, V6B-1J1. Keep a copy of the **Form 6** and the fax transmittal sheet.

6. Provide a copy of the **Form 6** to your physician(s) for review.

7. Have the physician review the "*Guide to Filling Out Form 8 / 11*".

8. Have a copy of the **Form 6** available for reference for any discussions with WorkSafeBC, including WorkSafeBC Teleclaim Centre personnel (1 888 967-5377).

9. Read the most recent version of the CUPE "*How to File a WorkSafeBC Claim and Return to Work Safely*" Guide.

10. For assistance, other than your **Local Union**, please call:

    Claims Call Centre at 604 231-8888 or
    toll-free throughout Canada at 1 888 967-5377,
    Monday – Friday 8:00 a.m. to 4:30 p.m.

    Or,

The **Workers' Advisers Office** is independent and separate from WorkSafeBC and provides free advice and assistance to help injured workers with their claims. They have offices throughout the province and can be contacted at www.labour.gov.bc.ca/wab or by telephone:

Richmond 604 713-0360, toll-free 1 800 663-4261
Victoria 250 952-4393, toll-free 1 800 661-4066
Kelowna 250 717-2096, toll-free 1 866 881-1188

Additional Materials:

Please review the following resources as well:

1. "WorkSafeBC Form 6 Reference Guide"
2. "CUPE Filling Out WCB Forms (Form 6) & Steps Involved"
3. "CUPE Guide to Filling Out the Form 8 / 11"
4. "CUPE How to File a WorkSafeBC ("WCB") Claim – Your Rights in K-12 Locals – A WCB Guide"
5. "CUPE Repetitive Injury Claims in the University / Post Secondary Sector – A WCB Claims Perspective"
6. "How to File a WorkSafeBC ("WCB") Air Quality Exposure Claim – University of Victoria CUPE Locals WCB Guide"
7. "Canadian Union of Public Employees Guide to WorkSafeBC Claims, Appeals and Employers' Use of Consultants"
8. "CUPE Permanent Functional Impairment Pension / Disability Award Decision – Review Checklist"
9. "Return to Work Programs - A Union Perspective"
10. Workers' Compensation Act ("WCB Act")

GUIDE TO FILLING OUT THE WORKSAFEBC FORM 6:

GUIDE TO FILLING OUT WORKSAFEBC FORM 6

The Guide addresses key areas of the **Form 6** where errors or omissions often arise, resulting in delayed claim processing, denied claims, or appeals. Not all sections of the **Form 6** are included below, for example, "Information about you."

Information about your employer

Employer organization name			
Type of business *(if known)*		Operating location *(if known)*	
Address line 1		Address line 2	
City	Province/state	Country *(if not Canada)*	Postal code/zip
Employer contact last name	First name	Employer phone number *(please include area code)*	Extension

Comment [t1]: Do you have more than one employer? List all employments, using additional pages as required.

Information about your employment

1. What is your occupation?		2. Have you been employed by this firm for less than 12 months? Yes ❒ No ❒	3. If yes, start date *(yyyy-mm-dd)*
4. At the time of injury, were you *(please check all that apply)*			
Permanent ❒	Apprentice ❒	Self-employed ❒	Casual ❒
Temporary ❒	Volunteer ❒	Principal/partner or relative of employer ❒	Other *(please specify)* ❒
Full time ❒	Student ❒	Fisher ❒	
Part time ❒	New entrant to workforce ❒	Hired on a contract basis ❒	
5. How many employers do you have?			

Comment [t2]: For number (#) 1, your occupation will usually be what your Job Description states. If in doubt, ask your Local Union. In #4, if you have more than one employment status, such as "Part time" and "Casual," indicate both. List all employers in #5.

Worker last name	First name	Middle initial	WorkSafeBC claim number
	Social insurance number		Personal health number from BC CareCard

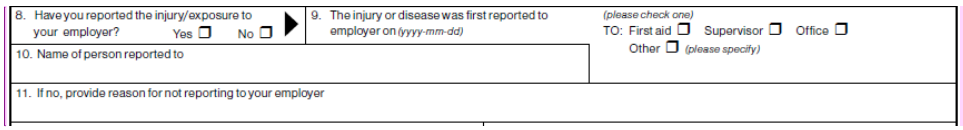
Comment [t3]: It is generally recommended to not include your Social Insurance Number. Remember, the Form 6, and all of other WorkSafeBC claim documents may be subject to disclosure in other forums. Privacy is important.

Incident information

6. Date and time of incident *(yyyy-mm-dd)* a.m. ❒ p.m. ❒ **OR**	7. Period of exposure resulting in occupational disease *(yyyy-mm-dd)* From To

Comment [t4]: For #'s 6 and 7, was there one incident or accident, several consecutively, or was it a condition or injury that came on gradually? Strains and sprains can occur over time, however, WorkSafeBC prefers a single event. Ensure you are aware of the time of the event, if there was one, and that it is consistent with the Accident Report / First Aid Report, employer's reports and physician's reports (as all the information in the Form 6 should be). For conditions, diseases, and repetitive use injuries, please see the below.

GUIDE TO FILLING OUT WORKSAFEBC FORM 6



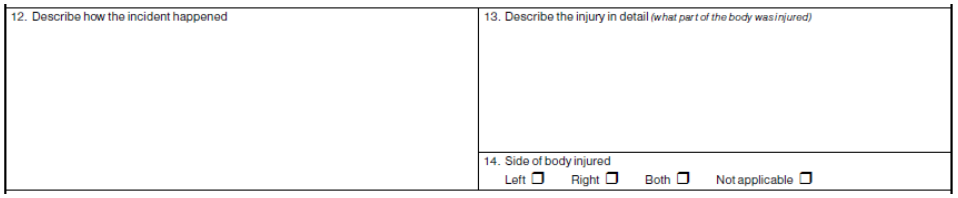
8. Have you reported the injury/exposure to your employer? Yes ❒ No ❒

9. The injury or disease was first reported to employer on *(yyyy-mm-dd)* *(please check one)* TO: First aid ❒ Supervisor ❒ Office ❒ Other ❒ *(please specify)*

10. Name of person reported to

11. If no, provide reason for not reporting to your employer

Comment [t5]: For #'s 8 and 9, it is imperative that the injury, condition or accident / incident be reported to the employer, First Aid as applicable, your supervisor, and your Union, etc.



12. Describe how the incident happened

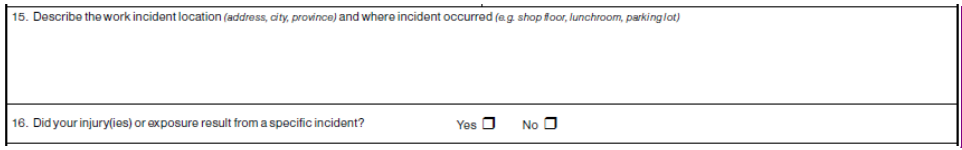
13. Describe the injury in detail *(what part of the body was injured)*

14. Side of body injured Left ❒ Right ❒ Both ❒ Not applicable ❒

Comment [t6]: Never use words such as "may," "might," "possibly,", "could have," "think," etc. Injuries must arise out of and in the course of employment per Sections 5 and 6 of the WC Act.

Comment [t7]: For #'s 12, 13, 22 and 23, use additional sheets. List all detail about what occurred, including any unusual, out of the ordinary, or unaccustomed job duties or circumstances including new or defective equipment, changes in hours, over time, new jobs, changes in job duties, weather, environmental conditions, et ceteras. Use diagrams, maps, and attach documents such as MSDS sheets, photos or equipment specifications as required.

Comment [t8]: For #13, list all injuries, and all areas of the body that are injured or affected, not just the areas that are the most visibly injured or most symptomatic. Ensure your physician is advised of all injuries and conditions.

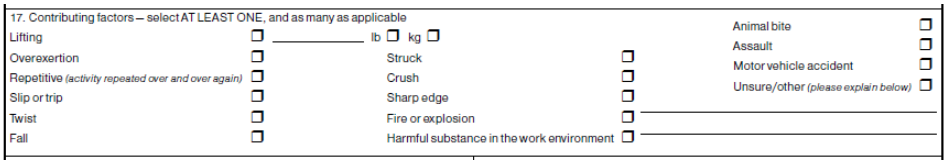


15. Describe the work incident location *(address, city, province)* and where incident occurred *(e.g. shop floor, lunchroom, parking lot)*

16. Did your injury(ies) or exposure result from a specific incident? Yes ❒ No ❒

Comment [t9]: For #'s 15 and 12, list the work location in detail, anything unusual, out of the ordinary, or unaccustomed such as new or defective equipment, changes in hours, overtime, new jobs, changes in job duties, etc, per #12 and 13 above. Use diagrams, maps, and attach documents such as MSDS sheets, photos or equipment specifications as required.

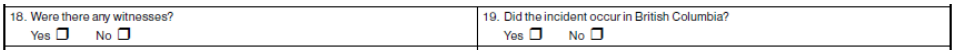
Comment [t10]: For#16, did the injury or condition arise as a result of an accident / incident, over time, multiple accidents / incidents, or a combination. WorkSafeBC prefers a specific incident / accident for injuries. For # 16, there are specific requirements for repetitive strain injuries and diseases. See the CUPE ASTD Questionnaire Guide.



17. Contributing factors – select AT LEAST ONE, and as many as applicable

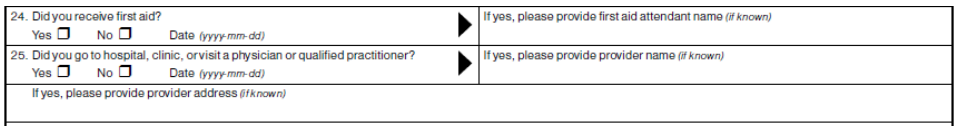
Lifting	❒ _____ lb ❒ kg ❒			Animal bite	❒
Overexertion	❒	Struck	❒	Assault	❒
Repetitive *(activity repeated over and over again)*	❒	Crush	❒	Motor vehicle accident	❒
Slip or trip	❒	Sharp edge	❒	Unsure/other *(please explain below)*	❒
Twist	❒	Fire or explosion	❒		
Fall	❒	Harmful substance in the work environment	❒		

Comment [t11]: For #17, list on a separate sheet all actions, slips, twists, unusual motions, etc that may apply. You are not limited to what is listed in #17. For repetitive strain / use injuries (Activity Soft Tissue Related Disorders), such as carpal tunnel syndrome, please see the CUPE ASTD Questionnaire Guide and the WorkSafeBC ASTD Reference Guide at http://search.atomz.com/search/?sp-q=ASTD+Reference+Guide&sp-a=sp10024f66&sp-k=&sp-advanced=1&sp-p=phrase&sp-x=any&sp-c=10&sp-m=1&sp-s=0&sp-f=UTF-8



18. Were there any witnesses?	19. Did the incident occur in British Columbia?
Yes ❒ No ❒	Yes ❒ No ❒

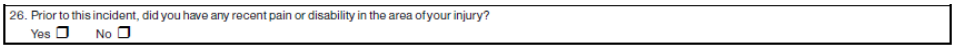
Comment [t12]: For #18, list any witnesses and provide written witness statements.



24. Did you receive first aid? Yes ❒ No ❒ Date *(yyyy-mm-dd)*	If yes, please provide first aid attendant name *(if known)*
25. Did you go to hospital, clinic, or visit a physician or qualified practitioner? Yes ❒ No ❒ Date *(yyyy-mm-dd)*	If yes, please provide provider name *(if known)*
If yes, please provide provider address *(if known)*	

Comment [t13]: For #24, obtain First Aid attention and document it as applicable. Ensure the First Aid Book or Accident Log is filled out. If you are working alone, call and leave a message on both your Union and employer's telephone system, then, follow up by email.

Comment [t14]: For #25, see your physician, or the hospital emergency department within 24 hours. Ensure a copy of the Job Description, Form 6 and CUPE Guide to Filling Out the Form 8 / 11 is provided to the medical practitioner. Failure to seek medical attention immediately is a primary reason for denying claims.



26. Prior to this incident, did you have any recent pain or disability in the area of your injury?
Yes ❒ No ❒

Comment [t15]: For #26, it is very important that this be filled in correctly as it is often a basis for denying claims or enabling employers to protest claims. A pre-existing condition is compensable IF there is substantial medical documentation and other evidence showing the condition was aggravated, accelerated or activated by employment and specifically how it was. The physician's Chart Notes must show a continuity of symptoms prior to the injury and that there was a significant change as a result of the injury. There are other legal tests as well.

Wage information

27. Did you miss work beyond the date of injury or exposure? Yes ❒ No ❒ **If NO WORK WAS MISSED and NO CHANGE to duties/pay, proceed to bottom of page to sign, date, and submit this report. If WORK WAS MISSED or if duties/pay have been MODIFIED, please answer ALL questions on this form.**

28. What is your current **base salary** amount for this employment position at the time of injury $ Hourly ❒ Daily ❒ Weekly ❒ Monthly ❒ Yearly ❒

29. Please provide total gross amount of earnings you receive from other employers $ Hourly ❒ Daily ❒ Weekly ❒ Monthly ❒ Yearly ❒

30. Do you receive other amounts of compensation in addition to **base salary**? Yes ❒ No ❒
Do you receive vacation pay on every cheque? Yes ❒ No ❒
If yes, vacation pay _____%

Please select check boxes for any of the following amounts you receive in addition to **base salary** AND provide the amount:
Tips and gratuities ❒ $_____ Room and board ❒ $_____
Shift differential ❒ $_____ Other ❒ $_____
Overtime ❒ $_____

31. If you are disabled from work, will you continue to receive:
Base salary? Yes ❒ No ❒
Other amounts of compensation in addtion to **base salary**? Yes ❒ No ❒
Will you continue to receive vacation pay on every cheque? Yes ❒ No ❒
If yes, vacation pay _____%

Please select check boxes for any of the following amounts you will continue to receive in addition to **base salary** AND provide the amount:
Tips and gratuities ❒ $_____ Room and board ❒ $_____
Shift differential ❒ $_____ Other ❒ $_____
Overtime ❒ $_____

32. Provide your **gross** earnings for the past 3 months or 12 weeks prior to the date of injury or exposure $ 3 months ❒ 12 weeks ❒

33. Do you work a fixed-shift rotation? Yes ❒ No ❒

34. If no, please explain

35. If yes, show your normal work week by entering the paid hours

Sun	Mon	Tue	Wed	Thu	Fri	Sat

36. Did you continue to work past day of injury? Yes ❒ No ❒

37. Last day worked *(yyyy-mm-dd)*

38. Number of hours you were scheduled to work on last day worked

39. Number of hours you worked on last day worked

40. Number of hours paid by your employer on last day worked

Comment [t16]: Ensure that all hours, over time, per diems, other employments, shift differentials, etc are listed. Ensure the math is correct. Findings of Fact are very difficult to challenge or appeal later on.

Comment [t17]: WorkSafeBC does not have to use or incorporate collective agreement provisions and negotiated raises, other than steps or increments, in the calculation of earnings. The collective agreement is not ported into the WC Act.

Comment [t18]: For #'s 37 and 40, explain why you kept working and if you were working while symptomatic. Did this further worsen your injury or condition? How?

Return-to-work information

41. Have you returned to work? Yes ❒ No ❒

42. If **YES**: Date you returned to work *(yyyy-mm-dd)*
Since the return to work, has there been any change to your work duties or will there be any change to your hours of work, your work schedule, or your rate of pay? Yes ❒ No ❒

43. If **NO**: Does your employer have any **modified** or **transitional** duties available? Yes ❒ No ❒
Have the modified or transitional duties been offered to you? Yes ❒ No ❒

44. If yes, please describe modified or transitional duties

Comment [t19]: For #41, was the return to work caused by a resolution of symptoms, or, did you return to work while still injured and / or symptomatic?

Comment [t20]: For #43, ensure that your physician has identified any limitations, restrictions, pain conditions, functional losses and abilities, etc, and that these are continuously relayed to WorkSafeBC. Ensure that any proposed modified duties or transitional duties are in compliance with the limitations and restrictions, and, that WorkSafeBC is responsible for the return to work process.

PLEASE READ CAREFULLY:

I declare all the information I have given on this report is true and correct, and I elect to claim compensation for the above-mentioned injuries or disease. I understand it is a serious offence to knowingly make a false claim or to work and earn income while receiving workers' compensation benefits without advising WorkSafeBC (the Workers' Compensation Board). I authorize WorkSafeBC and the Workers' Compensation Appeal Tribunal to view or obtain a copy of records pertaining to my examination, treatment, history, and employment from any source whatsoever, including records of physicians, qualified practitioners, medical insurers, hospitals, and any employer. I understand the information is collected, used, and disclosed under the authority of the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. I acknowledge that WorkSafeBC may obtain and disclose information from my claim to my employer for the purpose of appeal, or may disclose such information to others in accordance with the law, including the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*.

45. Worker signature	46. Date of report *(yyyy-mm-dd)*

Comment [t21]: Normally employers cannot use the contents of a claim file for other purposes. However, if either you or the employer launch an appeal of a WorkSafeBC decision, the employer may be entitled to the contents of your claim file. The claim file should not be used for anything other than the claim or the appeal. For example, it should not be used for an arbitration, discipline, etc. There are exceptions to this however. Where this occurs, you should contact your Local Union; ask for assistance from the Office of the Information & Privacy Commissioner at http://www.oipc.bc.ca/; launch a complaint with the WorkSafeBC Fair Practices Office at http://www.worksafebc.com/contact_us/fair_practices_office/;
and launch a complaint with the Ombudsman at http://www.ombud.gov.bc.ca/