

**NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
ACCIDENT REPORTING SYSTEM**

Injury/Illness

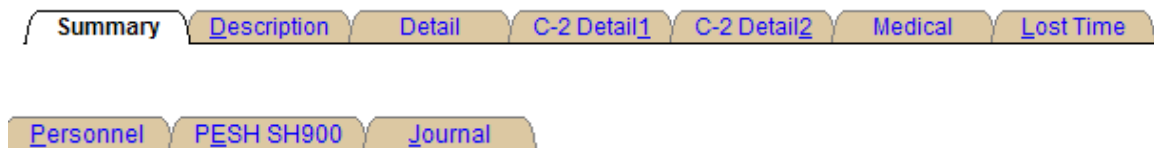
Entering New C-2 Data

Revised C-2 effective 10/1/2009

The Workers' Compensation Board has made substantial changes to the C-2 form (Employer's Report of Work-Related Injury/Illness). Consequently, ARS has been updated to reflect these changes and becomes effective October 1, 2009.

Changes to the new C-2 are primarily within the "Injury/Illness" section of ARS. "Injury/Illness" is still in the same location under the "Workforce Monitoring" and "Health and Safety" folders.

The following ARS tabs represent the revised "Injury/Illness" pages:



The changes in the location and addition of pages in "Injury/Illness" include:

- The "Summary" page is now listed first.
- Two new pages have been added to capture the new information required on the revised C-2:
 - "C-2 Detail1"
 - "C-2 Detail2"

In addition, the information required on many pages has also changed. The pages below detail the new information required to send a C-2.

The C-2 printed report has also substantially changed. In ARS, under "ARS Reports", "C2 Reports" a new item has been added, "C2 Print – October 2009+". Select this item to print all C-2's submitted on or after October 1, 2009. Printing procedures remain the same as previous.

If you have questions on using the revised "Injury/Illness" pages or in sending a C-2, please call the ARS helpdesk at 1-800-422-3671 or 518-457-5406.

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Entering New C-2 Data

Summary Page

- The **Summary** page has been moved from the fourth to first page of the **Injury/Illness** section.
- The **Summary** page continues to act as a quick reference for the ARS incident. No information within the page has been changed.

The screenshot displays the NYBEAS HRDEV web application interface. The top navigation bar includes links for Home, Worklist, Add to Favorites, and Sign out. A search bar is located in the top right corner. The left sidebar contains a menu with options such as My Favorites, System Announcement, Workforce Monitoring, Health and Safety, Call Center, Injury Illness, Injury Illness History, Claims Mgt, Receive ARS Broadcast System, Personal Information, ARS Reports, Worklist, User Info, and Change My Password. The main content area shows the 'Summary' page for an incident, with tabs for Description, Detail, C-2 Detail1, C-2 Detail2, Medical, and Lost Time. The 'Incident Summary' section displays the following information:

Employee - Incident Information			
EmplID:	999438251	Jane Doe	Empl Rcd: 0
Date of Birth:	05/10/1976	Date of Death:	Gender: U
Incident Number:	00343105	Incident Date:	09/02/2009
		Incident Type:	Incident

The 'Summary' section contains the following details:

- Incident Date and Time: 09/02/2009 8:30AM Multiple Injured
- Date & Time this Incident was first Reported: 09/08/2009 1:15PM
- Date Reported for this Employee: 09/08/2009
- Reported To EmplID: OPCALL01
- Incident Location: 04144 CS-AESOB
- State: NY New York Country: USA
- Work Location: 10023 CS-AESOB
- Is This a Recurrence Occurred on Employer Premises Investigated
- Description: While delivering mail to the mail room, Jane slipped and fell on the wet floor of the basement. She injured her left knee.

At the bottom of the page, there are buttons for Save, Return to Search, Previous tab, and Next tab.

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Description Page

- The **Additional Information about Accident or Illness** field has been added to the **Description** page. This field can be used by the Personnel/Health and Safety Administrator to document additional details regarding the accident or illness. The field is not required to be completed in order to *verify* and *send* a C-2.

The screenshot displays the NYBEAS HRDEV web application interface. The top navigation bar includes links for Home, Worklist, Add to Favorites, and Sign out. A left-hand menu is visible, with the 'Injury/Illness' section expanded. The main content area shows the 'Description' tab selected, displaying incident details for Jane Doe. A new text input field, 'Additional Information about Accident or Illness', is highlighted with a black arrow. The incident details include:

Person Involved					
Employee - Incident Information					
EmplID:	999438251 Jane Doe	Empl Rcd: 0			
Date of Birth:	05/10/1976	Date of Death:	Gender: U		
Incident Number:	00343105	Incident Date:	09/02/2009	Incident Type:	Incident

Employee Data on Incident Date:

Department	08000	Civil Service, Department Of
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Lost Time:

Lost Time Beyond Shift

How Accident/Exposure Occurred?

While delivering mail to the mail room, Jane slipped and fell on the wet floor. She injured her left knee.

Additional Information about Accident or Illness

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Detail Page

- When the injury is the result of the use of a motor vehicle, a new field, the **License plate number** of the vehicle, may be entered if known. It is not a required field in order to *verify* and *send* a C-2.
- **Deceased Employee Information** has also been added to the **Detail** page. The question, “Did the Injury/Illness result in death?” must have “**Yes**” or “**No**” selected in order to *send* a C-2. If **Yes** is selected, the date of death must be entered. The employee’s **Emergency Contact Information** will then also be required.

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Home | Worklist | Add to Favorites | Sign out

Menu

Search: []

- My Favorites
- System Announcement
- Workforce Monitoring
 - Health and Safety
 - Call Center
 - Incident Data
 - Injury Illness
 - Injury/Illness**
 - Injury Illness History
 - Claims Mgt
 - Receive ARS Broadcast System
 - Personal Information
 - PESH History
 - ARS Reports
 - ARS Setup

- Worklist
- Reporting Tools
- User Info
- PeopleTools
- Change My Password

Primary Injury Details

Body Part:	Head
Nature of Injury:	Trauma injrs & disorders
Source of Injury:	Motors
Accident Type:	Collision between vehs, mble equip

No Fault Info

Motor Vehicle Injury Information

Is the injury the result of the use or operation of a motor vehicle? Yes No

Vehicle is Owned By: License plate number:

No Fault Carrier Address Information

NF Carrier Name	OGS Risk & Ins. Mangmt. Bureau		
NF Address 1	Empire State Plaza	NF Address 2	40th Floor, Corning Tower
NF Carrier City	Albany	NF State	NY NF Carrier Zip 12242

Deceased Employee Information

Did the Injury/Illness result in death? Yes No

What was the date of death? [Emergency Contact Information](#)

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Entering New C-2 Data

C-2 Detail1 Page

C-2 Detail1 is a new page in Injury/Illness and contains information for the C-2.

- “**Has the Employee given you notice of injury/illness?**” was added and is required. If **Yes** is checked, you will be required to select **Orally**, **In Writing**, or **Both**. Also if **Yes** is checked, the date that notice was given, as well as, the name of the person notice was given to are required to *verify* and *send* a C-2.
- “**Have you given the employee a claimant information packet?**” was also added and if **Yes** is checked, the date that the packet was given to the employee may be entered. These fields are not required in order to *verify* and *send* a C-2.

The screenshot shows the NYBEAS HRDEV web application interface. The main content area is titled 'C-2 Details' and contains the following sections:

- Employee - Incident Information:** EmpID: 999438251, Jane Doe, Empl Rcd: 0; Date of Birth: 05/10/1976, Date of Death: , Gender: U; Incident Number: 00343105, Incident Date: 09/02/2009, Incident Type: Incident.
- Notice of Injury to "Employer":** Has the Employee given you notice of injury/illness? Yes No. Notice was given to employer: Orally In Writing Both. Notice of Injury Date: 09/02/2009. Notice was given to "Name" of person: Smith, Jim.
- Claimant information Packet:** Have you given the employee a claimant information packet? Yes No. Claimant Info Packet date: 09/02/2009.
- Location:** Was this the location the employee normally worked? Yes No. Why was the employee there? Assigned to replace another employee for one day.
- Supervisor Detail:** Supervisor Name: Smith, Jim. Did Supervisor see the injury happen? No.

- “**Was this the location the employee normally worked?**” was added and is required. If **No** is checked, the reason the employee was there will be required.
- The required **Supervisor Name** was moved from the **Personnel** page and is required. “**Did Supervisor see the injury happen?**” is required by selecting either **No**, **Unknown**, or **Yes**.

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C-2 Detail2 Page

C-2 Detail2 is a new page in **Injury/Illness** and contains information for the C-2.

- “**To your knowledge, did the employee have another work-related injury to the same body part or similar illness while working for you?**” is required. If **Yes** is checked, you may enter the name and address of the doctor who treated previously.
- “**What type of activities did the employee normally perform at work?**” was also added to the page. It is not a required field in order to *verify* and *send* a C-2.
- “**Did the employee receive lodging or tips in addition to pay?**” is another required field to be completed. If **Yes** is checked, a description of the lodging or tips is required.

The screenshot shows the NYBEAS HRDEV web application interface. The top navigation bar includes links for Home, Worklist, Add to Favorites, and Sign out. The left sidebar contains a menu with options like My Favorites, System Announcement, Workforce Monitoring, Health and Safety, Call Center, Incident Data, Injury Illness, Injury Illness History, Claims Mgt, Receive ARS Broadcast System, Personal Information, PESH History, ARS Reports, ARS Setup, Worklist, Reporting Tools, User Info, PeopleTools, and Change My Password. The main content area displays the following information:

- Date of Birth:** 05/10/1976, **Date of Death:** (blank), **Gender:** U
- Incident Number:** 00343105, **Incident Date:** 09/02/2009, **Incident Type:** Incident
- Another work related injury:** To your knowledge, did the employee have another work-related injury to the same body part or a similar illness while working for you? Yes No
- Doctor who treated the previous injuries/illness:** McDonald, Michael. [Update/View Previous Doctors Address](#)
- Employee normal Activity at work:** What type of activities did the employee normally perform at work? Secretarial duties such as typing letters, answering phones, making photocopies, and delivering mail.
- Additional Pay Information:** Did the employee receive lodging or tips in addition to pay? Yes No. Describe additional received: Received additional lodging for three months.
- Job Information:** Employee's job was: Other. If job was 'Other' then enter description: (blank)
- Pay Information:** Did you continue to pay the employee after the injury/illness? Yes No (e.g., sick leave, vacation, disability, regular salary)

- **Employee's job was Full time, Other, Part time, Seasonal, or Volunteer** is required. If **Other** is selected, a description of the job is required as well.
- “**Did you continue to pay the employee after the injury/illness?**” was also added to the page. This is not required to *verify* and *send* a C-2.

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Medical Page

The **Medical** page has changed substantially.

- Was “**Treatment Required?**” (**Medical**, **Unknown**, or **None**) is still a required field. If medical treatment was rendered, the type of the first **Medical Treatment**, the first **Date of Treatment**, the **name** of the person the **Employee** was **Treated By** and the **location** where the employee was treated are all required in order to *verify* and *send* the C-2.
- If the first **Date of Treatment** is completed, you must select if the employee is still being treated for the injury/illness (**Yes**, **No**, or **Unknown**). If **Yes** is chosen, the **Name** and **Address** of the treating doctor is also required. The **Date of Treatment** may be entered if available. Other treating doctor’s may be added by checking the **Add Additional Doctor** field.

The screenshot displays the NYBEAS HR DEV Medical page. The interface includes a navigation menu on the left and a main form area. The form contains the following sections:

- Treatment Required?**: Radio buttons for **Medical** (selected), **Unknown**, and **None**.
- First Medical Treatment**: A dropdown menu for **Medical Treatment** (set to **Emergency Care**) and a **Date of Treatment** field (set to **09/14/2009**).
- Employee Treated By:** **Name** field (set to **Smith, John**) and **Location** field (set to **Albany Medical Center**).
- Ongoing Treatment Information**: A section with a heading marked with an asterisk (*). It includes a question: "Is the employee still being treated for this injury/illness?" with radio buttons for **Yes** (selected), **No**, and **Unknown**. Below this is the **Name & Address of treating Doctor** section, which includes fields for **Name** (set to **Jones, Robert**), **Country** (set to **USA**), **Zip** (set to **12208**), **Address1** (set to **85 New Scotland Avenue**), **Address2**, **City** (set to **ALBANY**), and **State** (set to **NY**).

At the bottom of the form, there is a checkbox labeled **Add Additional Doctor**.

* The ARS “Call Center” Medical page does not include the “Ongoing Treatment Information” fields.

If an incident was reported prior to October 1, 2009 and a C-2 was sent, the information reported will be available in the “Physician/Hospital Information” fields within the “Injury Illness History” folder.

If an incident was previously entered prior to October 1, 2009 but not sent, then the additional new C-2 fields will need to be entered before the C-2 can be sent.

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Lost Time Page

- “Did the employee stop work because of his/her injury?” (Yes or No) is another new required field. If **Yes** is chosen, the **Last Day Worked** date and **1st Full Shift/Day Missed** is also required to *verify* and *send* the C-2.
- “Has the employee returned to work?” (Yes or No) is a new required field. If **Yes** is chosen, the **Return Date** must be given. It is also required to select if the employee went back to **Regular Duty** or **Limited Duty**.

The screenshot shows the NYBEAS HRDEV web application interface. The left sidebar contains a menu with options like 'My Favorites', 'System Announcement', 'Workforce Monitoring', 'Health and Safety', 'Call Center', 'Incident Data', 'Injury Illness', 'Injury/Illness', 'Injury Illness History', 'Claims Mgt', 'Receive ARS Broadcast System', 'Personal Information', 'PESH History', 'ARS Reports', 'ARS Setup', 'Worklist', 'Reporting Tools', 'User Info', 'PeopleTools', and 'Change My Password'. The main content area displays the 'Injury/Illness' form. At the top, there are navigation links: Home, Worklist, Add to Favorites, and Sign out. The form fields include: Date of Birth: 05/10/1976, Date of Death: (empty), Gender: U, Incident Number: 00343105, Incident Date: 09/02/2009, Incident Type: Incident. The 'Work Status' section contains the question 'Did the employee stop work because of his/her injury?' with radio buttons for 'Yes' (selected) and 'No'. Below this are two date pickers: 'Last Day Worked' (09/02/2009) and '1st Full Shift/Day Missed' (09/03/2009). The 'Work Return Status' section contains the question 'Has the employee returned to work?' with radio buttons for 'Yes' (selected) and 'No'. Below this are radio buttons for 'Regular Duty' (selected) and 'Limited Duty', and a 'Return Dt' date picker (09/04/2009). There are also fields for 'Date of Hire' (08/01/2009) and 'Date Employer Removed Employee From Payroll'. Below these are sections for 'SIF Claims', 'Work Restrictions', and 'Modified Duties', each with a search bar and date pickers.

Please note that additional lost time beyond the employee's first return to work date will no longer be able to be updated within the "Injury/Illness" section after the C-2 was sent. All changes to the employee's work status due to the incident must be reported within the "Claims Management" folder on the C-11 page.

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Personnel Page

- The employee's supervisor's name was removed from this page and placed on the **C-2 Detail1** page. The rest of the **Personnel** page remains the same.
- When the **C-2 Verify Data** button is clicked, a pop-up box appears requesting **"Please Check Affirmation to Send the C2."** After **OK** is clicked, you are required to read the affirmation and check the box stating that the information is true to the best of your knowledge. Once this is done, the **Send C-2 Data** button will appear.

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Home | Worklist | Add to Favorites | Sign out

EmplID: 951423871 John Doe Empl Rcd: 0
Date of Birth: 02/15/1963 Date of Death: Gender: M
Incident Number: 00343108 Incident Date: 09/14/2009 Incident Type: Incident

C-2 Data Find

Work Unit: Corrections Unit C-2 Reportable Case

Employer UI Number:

Benefit Unit: Friday Saturday Sunday

Return To Work Wa:

Paid Full Wages for:

WCB Benefit: M/C Program

Employer Disputing Claim Time employee began work: 8:00AM

Remove from Personnel's WorkList

Affirmation

An employer or carrier, or any employee, agent, or person acting on behalf of an employer or carrier, who KNOWINGLY MAKES A FALSE STATEMENT OR REPRESENTATION as to a material fact in the course of reporting, investigation of, or adjusting a claim for any benefit or payment under this chapter for the purpose of avoiding provision of such payment or benefit SHALL BE GUILTY OF A CRIME AND SUBJECT TO SUBSTANTIAL FINES AND IMPRISONMENT.

The above information is true to the best of my knowledge and belief.