WCB form C-11 "Employer's Report of Injured Employee's Change in Status or Return to Work" is the employer's notification to the New York State Insurance Fund (NYSIF) and the Worker's Compensation Board (WCB) of an injured employee's change in work status or return to work.

ARS users are required to complete the C-11 Information page as soon as the employment status of the injured employee changes.

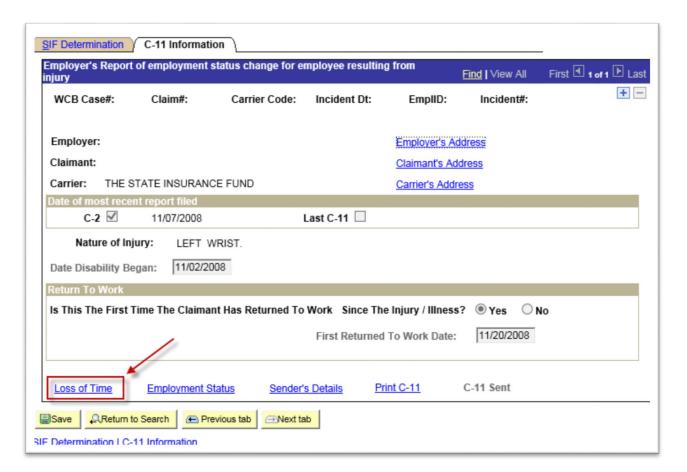
The most common uses of the C-11 form are to document when an employee:

- has a submitted (C-2) Employer's First report (FROI-00) of no lost time, or has reported a
 Medical Only claim and after the Employer's First Report has been submitted, the injured
 worker begins to lose time
- returns to work (regular or modified duty);
- returns to work part-time;
- goes back out of work due to the related injury;
- loses intermittent lost time;
- was required to return to work and does not, and;
- no longer works for an agency due to a resignation, retirement, death, or section 71 separation.

C-11 Information - Lost Time and Employment Status (page) changes.

C-11 Information

If the employee loses a period of time past the initial return to work date, click on Loss of Time

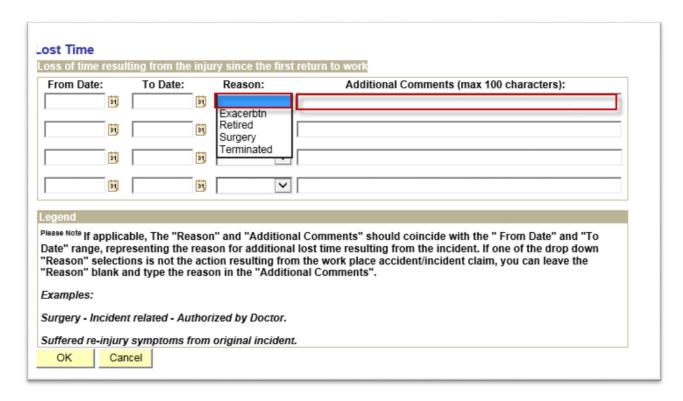


Loss of Time

If the employee loses time since the first return to work date and is currently losing time, it can be shown on the C-11 by entering the date the employee started to lose additional time and leaving the **To Date** blank. A reason for the loss of time should always be inputted.

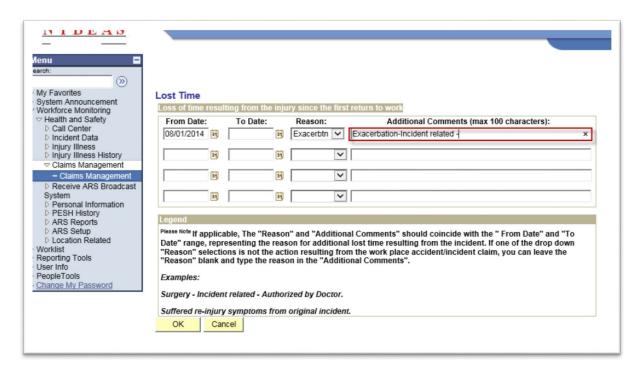
We added Reason dropdown selections for common reasons of Lost time:

- Exacerbation = Original injury has been exacerbated; original injury has been made worse resulting in lost time
- Retired = Injured worker has retired
- Surgery = injured worker is undergoing surgery as a result of this workers' compensation injury
- Terminated = injured worker has been terminated
- However, you may opt not to Select a dropdown Reason choice. Continue to provide the Reason in the field labeled "Additional Comments (max 100 characters)"

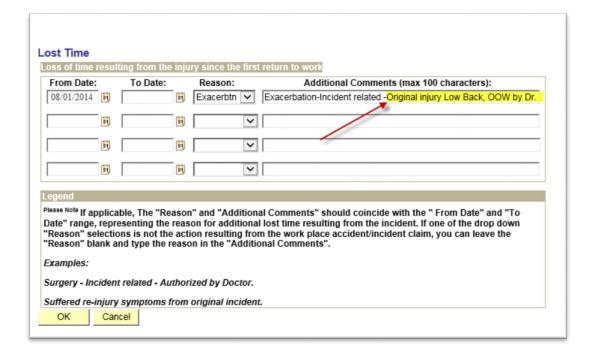


Loss of Time (cont'd.)

Once a reason is selected, the **Additional Comments** field will pre-populate with the selection made.



You may provide additional information to the reason selected (max of 100 characters).

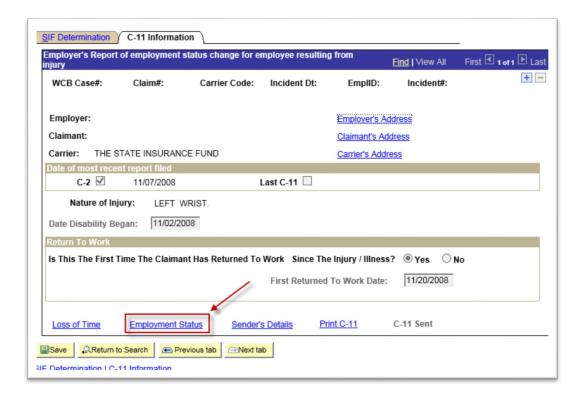


If the employee returned to work after the initial return to work date, enter the additional period of time the employee lost from work.

A user can input up to four periods of lost time on one C-11 form.

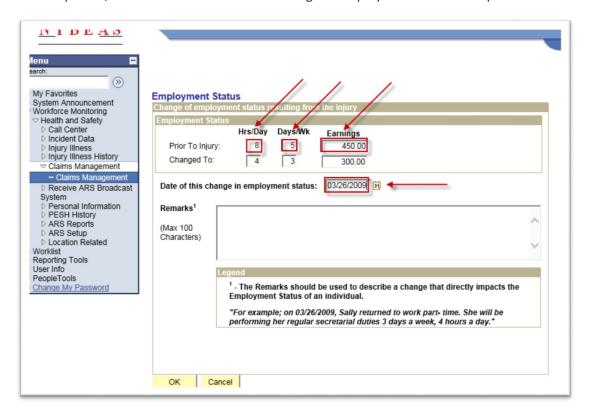
Click **OK** to return to the C-11 Information page.

Next, click on Employment Status.



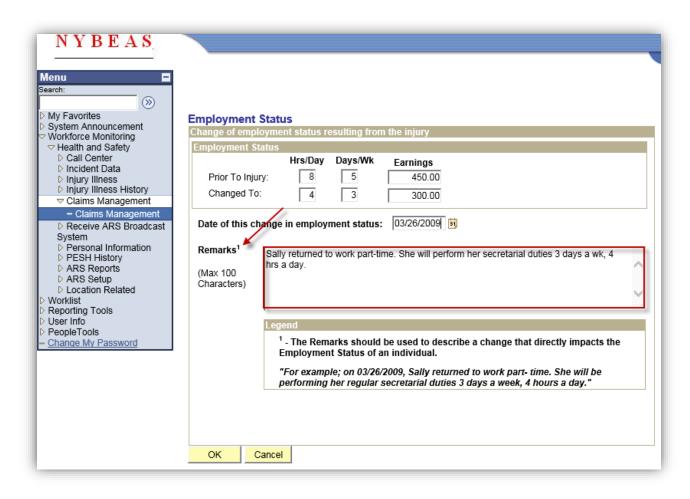
Employment Status

If an employee returns to work part-time, enter the number of hours per day and days per week the employee worked prior to the injury and subsequent to the employee returning to work. If the weekly earnings changed, enter the earnings prior to the injury and the amount it changed to. If the part-time data is inputted, enter the date in which the change in employment status took place.



Employment Status (cont'd.)

In the Remarks field, provide an accurate description of the change in employment status.

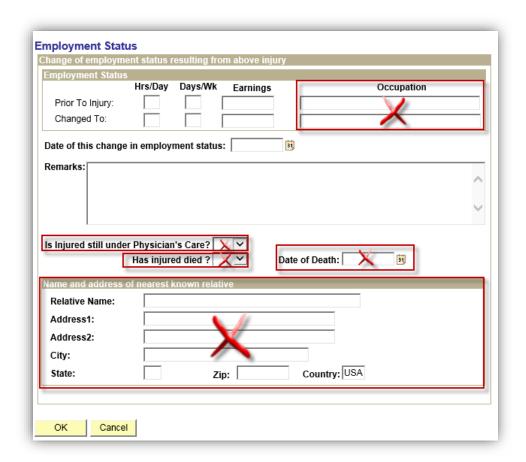


Click **OK** to return to the C-11 Information page.

Employment Status (cont'd.)

The following fields (questions) were removed from the Employment Status (page) and will no longer be required when completing and sending the C-11.

- Occupation
- Has injured died?
 - If Yes is chosen, enter the Date of Death and the name and address of the nearest known relative.
- Is Injured still under Physician's care?
 - o If Yes is chosen, enter the Physician's Name.



Please be advised; the above Lost Time and Employee Status page changes and updates are not reflected in the ARS Online Manual under the C-11 Information section at this time but are planned for a future date.

https://www.cs.ny.gov/man/ars/manual/C-11Information.cfm