

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**

SIF Determination | **C-11 Information**

Employer's Report of employment status change for employee resulting from injury Find | View All First 1 of 1 Last

WCB Case#: Claim#: Carrier Code: Incident Dt: EmplID: Incident#: [+ -]

Employer: [Employer's Address](#)

Claimant: [Claimant's Address](#)

Carrier: THE STATE INSURANCE FUND [Carrier's Address](#)

Date of most recent report filed

C-2	<input checked="" type="checkbox"/>	11/07/2008	Last C-11	<input type="checkbox"/>
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Nature of Injury: LEFT WRIST.

Date Disability Began: 11/02/2008

Return To Work

Is This The First Time The Claimant Has Returned To Work Since The Injury / Illness? Yes No

First Returned To Work Date: 11/20/2008

Loss of Time [Employment Status](#) [Sender's Details](#) [Print C-11](#) C-11 Sent

[Save](#) [Return to Search](#) [Previous tab](#) [Next tab](#)

SIF Determination | C-11 Information

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)"

Lost Time

Loss of time resulting from the injury since the first return to work

From Date:	To Date:	Reason:	Additional Comments (max 100 characters):
<input type="text"/>	<input type="text"/>	<input type="text" value="Exacerbtn"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Retired"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Surgery"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Terminated"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Legend

Please Note If applicable, The "Reason" and "Additional Comments" should coincide with the " From Date" and "To Date" range, representing the reason for additional lost time resulting from the incident. If one of the drop down "Reason" selections is not the action resulting from the work place accident/incident claim, you can leave the "Reason" blank and type the reason in the "Additional Comments".

Examples:

Surgery - Incident related - Authorized by Doctor.

Suffered re-injury symptoms from original incident.

Loss of Time (cont'd.)

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

Menu

search: [] []

- My Favorites
- System Announcement
- Workforce Monitoring
- Health and Safety
 - Call Center
 - Incident Data
 - Injury Illness
 - Injury Illness History
- Claims Management
 - Claims Management
 - Receive ARS Broadcast System
 - Personal Information
 - PESH History
 - ARS Reports
 - ARS Setup
 - Location Related
- Worklist
- Reporting Tools
- User Info
- PeopleTools
- [Change My Password](#)

Lost Time

Loss of time resulting from the injury since the first return to work

From Date:	To Date:	Reason:	Additional Comments (max 100 characters):
08/01/2014 []	[] []	Exacerbtn []	Exacerbation-Incident related []
[] []	[] []	[] []	[]
[] []	[] []	[] []	[]
[] []	[] []	[] []	[]

Legend

Please Note If applicable, The "Reason" and "Additional Comments" should coincide with the " From Date" and "To Date" range, representing the reason for additional lost time resulting from the incident. If one of the drop down "Reason" selections is not the action resulting from the work place accident/incident claim, you can leave the "Reason" blank and type the reason in the "Additional Comments".

Examples:

Surgery - Incident related - Authorized by Doctor.

Suffered re-injury symptoms from original incident.

OK Cancel

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

Lost Time

Loss of time resulting from the injury since the first return to work

From Date:	To Date:	Reason:	Additional Comments (max 100 characters):
08/01/2014 []	[] []	Exacerbtn []	Exacerbation-Incident related -Original injury Low Back, OOW by Dr.
[] []	[] []	[] []	[]
[] []	[] []	[] []	[]
[] []	[] []	[] []	[]

Legend

Please Note If applicable, The "Reason" and "Additional Comments" should coincide with the " From Date" and "To Date" range, representing the reason for additional lost time resulting from the incident. If one of the drop down "Reason" selections is not the action resulting from the work place accident/incident claim, you can leave the "Reason" blank and type the reason in the "Additional Comments".

Examples:

Surgery - Incident related - Authorized by Doctor.

Suffered re-injury symptoms from original incident.

OK Cancel

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.

SIF Determination | C-11 Information

Employer's Report of employment status change for employee resulting from injury

Find | View All First 1 of 1 Last

WCB Case#: Claim#: Carrier Code: Incident Dt: EmplID: Incident#: + -

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Claimant: [Claimant's Address](#)

Carrier: THE STATE INSURANCE FUND [Carrier's Address](#)

Date of most recent report filed

C-2 11/07/2008 Last C-11

Nature of Injury: LEFT WRIST.

Date Disability Began: 11/02/2008

Return To Work

Is This The First Time The Claimant Has Returned To Work Since The Injury / Illness? Yes No

First Returned To Work Date: 11/20/2008

[Loss of Time](#) [Employment Status](#) [Sender's Details](#) [Print C-11](#) C-11 Sent

Save Return to Search Previous tab Next tab

SIF Determination | C-11 Information

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.

Menu

search: >>

- My Favorites
- System Announcement
- Workforce Monitoring
- Health and Safety
 - Call Center
 - Incident Data
 - Injury Illness
 - Injury Illness History
- Claims Management
 - Claims Management
 - Receive ARS Broadcast System
 - Personal Information
 - PESH History
 - ARS Reports
 - ARS Setup
 - Location Related
- Worklist
- Reporting Tools
- User Info
- PeopleTools
- [Change My Password](#)

Employment Status

Change of employment status resulting from the injury

Employment Status	Hrs/Day	Days/Wk	Earnings
Prior To Injury:	8	5	450.00
Changed To:	4	3	300.00

Date of this change in employment status: 03/26/2008 31

Remarks¹

(Max 100 Characters)

Legend

¹ - The Remarks should be used to describe a change that directly impacts the Employment Status of an individual.

"For example; on 03/26/2009, Sally returned to work part-time. She will be performing her regular secretarial duties 3 days a week, 4 hours a day."

OK Cancel

Employment Status (cont'd.)

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

NYBEAS

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 - ARS Setup
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 - User Info
 - PeopleTools
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Employment Status

Change of employment status resulting from the injury

Employment Status	Hrs/Day	Days/Wk	Earnings
Prior To Injury:	8	5	450.00
Changed To:	4	3	300.00

Date of this change in employment status: 03/26/2009

Remarks¹
(Max 100 Characters)

Sally returned to work part-time. She will perform her secretarial duties 3 days a wk, 4 hrs a day.

Legend

¹ - The Remarks should be used to describe a change that directly impacts the Employment Status of an individual.

"For example; on 03/26/2009, Sally returned to work part- time. She will be performing her regular secretarial duties 3 days a week, 4 hours a day."

OK Cancel

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?
 - If Yes is chosen, enter the Physician's Name.

Employment Status
Change of employment status resulting from above injury

Employment Status	Hrs/Day	Days/Wk	Earnings	Occupation
Prior To Injury:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Changed To:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of this change in employment status: [BT]

Remarks:

Is Injured still under Physician's Care? [X] [v]

Has injured died ? [X] [v]

Date of Death: [X] [BT]

Name and address of nearest known relative

Relative Name:

Address1:

Address2:

City:

State: Zip: Country: USA

OK Cancel

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>