

Broome County Office of Risk Management

Barbara J. Fiala, Broome County Executive • Robert E. Murphy, Risk Manager



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Request For Reimbursement

WCB# _____ Carrier Case # _____

Employee's Name: _____

_____, employer has made payments to the above
named claimant under the provisions of the Workers' Compensation Law for an
injury sustained on _____, 2005

Said payments total (\$ _____),

and cover the period from _____ to _____
Do not include this date in the calculation

(Sign here) _____
(employee)

In accordance with Workers' Compensation Law, Section 25, the employer
hereby requests:

- Full Reimbursement of the above named amount
- Reimbursement covering lost time at the compensation rate

Date _____

(Signed) _____
(Must be signed by Employer)