



New York State Correctional Officers & Police Benevolent Association, Inc.

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If you believe that you contracted COVID-19 while at work, and you are experiencing COVID-19 symptoms, please follow the below steps in order to ensure that you preserve your right to pursue workers' compensation and other benefits to which you may be entitled:

1. Report to your immediate supervisor that you feel ill with COVID-19-like symptoms. Follow supervisor's instructions. If you are unable to complete the below steps prior to your departure from work, ensure that you are provided with blank copies of the below forms prior to departure, or have a NYSCOPBA steward provide you with the documents as soon as possible.
2. Prior to departing your workplace, request and complete an Employee Accident/ Injury/ Illness Report specific to your agency and if applicable, submit it to medical staff at your workplace so that medical staff can complete the health services section of the report.
3. Complete "Workers' Compensation Benefit Election Form," for NYSCOPBA. Completing the social security number portion of the form can be accomplished by entering the phrase "on file" in the appropriate area. Attached is a copy of the Benefit Election Form.
 - a. Questions about how to fill out the Benefit Election Form? Contact Dana Betts, NYSCOPBA Workers' Compensation Specialist at 518-427-1551 x247.
4. Make copies of both the employee accident/ injury/ illness report and the Benefit Election Form and keep same for your records.
5. Submit the original employee accident/ injury/ illness report and Benefit Election Form to your workplace HR/personnel office. Request date-stamped copies, if they will provide them. If not, note the date, time, and name of the staff member to whom you submitted said forms.
6. Call NYS Accident Reporting System 1-888-800-0029 within twenty-four (24) hours and report illness.
7. Upon returning home, immediately contact your primary care physician and local health department to report your symptoms and follow their guidance. For more information on obtaining a quarantine order, see NYSCOPBA's Guidance on 'What to do if Exposed.'
8. Complete and submit C-3 "Employee Claim" form on NYS Workers' Compensation Board website:
<https://www.wcb.ny.gov/onlineforms/c3/C3Form.html>. Save a copy of C-3 form for your records.
9. **If your workplace won't accept an employee accident/ injury/ illness report:** Send a copy of the C-3 by mail to the HR/ personnel office at your workplace (within 30 days of illness/injury). Keep a copy and proof of mailing.
 - a. File contract grievance alleging violation of Articles 14 and 27. Include a narrative of you work's refusal to accept the employee accident/ injury/ illness report and Benefit Election Form. Please note, you have twenty (20) calendar days (not work days) from the date you workplace does not

accept your form(s) to file a grievance. Obtain date-stamped copies of the original grievance, if practicable. Keep copies of the grievance for your records. Coordinate with your local NYSCOPBA representative and/or NYSCOPBA's Grievance Department, in the event you require assistance with drafting or submitting the contract grievance.

10. Keep all documents and copies of documents related to your injury in one location so that they may be easily accessed for future proceedings, if necessary to pursue your contractual and other benefits.
11. Contact your local or regional NYSCOPBA representatives to immediately inform them of any issues you may be having.

NYSCOPBA does not guarantee the success of any workers' compensation claim filed based on the above instructions. The above instructions describe how to preserve your rights as a NYSCOPBA member and New York State employee to the extent allowable by law.

NYSCOPBA is working continuously to provide updates for our members as often as possible. The above-provided information is based on what we now know. As the COVID-19 situation develops, NYSCOPBA will continue to provide information and guidance in a timely manner.

WORKERS' COMPENSATION BENEFIT ELECTION FORM
New York State Council 82, NYSCOPBA or PBA of NYS Negotiated Agreements

To be completed by employee

INSTRUCTIONS: Please complete this form and submit it to your agency each time you file an accident report.

- ☐ Agency Police Services Unit
- ☐ Security Services Unit
- ☐ Security Supervisors Unit

Name			Social Security Number
			X X X - X X - _ _ _ _
Street Address			Home Telephone Number
City or Post Office	State	Zip Code	Date of Accident

I elect the following benefit program for all absences related to this accident:

1. New York State Workers' Compensation Law Coverage only ☐ Yes ☐ No
I understand that if I elect the Law coverage only I will be placed on leave without pay for all absences related to this accident and I will receive only the benefits provided by the New York State Workers' Compensation law.

2. Workers' Compensation Leave Benefit Program ☐ Yes ☐ No

I understand that if I elect the Leave Benefit Program, in addition to Law coverage, I will be eligible for the benefits as provided in the Council 82, NYSCOPBA or PBA of NYS negotiated agreements which include up to 6 months of paid leave, and use of credits and sick leave at half pay, if eligible. I also understand that to receive these benefits I must participate in the medical evaluation and limited duty components of this Program.

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information which you are being asked to provide on this form is being requested pursuant to Article 14 of the Council 82, NYSCOPBA or PBA of NYS negotiated agreements for the principal purpose of determining whether you qualify for employer-provided workers' compensation benefits and will be maintained by the Personnel Office in the agency or facility in which you are employed. Failure to provide this information may result in delay of processing benefits. This information will be used in accordance with Section 96 (1) of the personal Privacy Protection Law particularly subdivisions (b), (d), and (e). For further information relating only to the personal Privacy protection Law, contact your personnel Office.

Signature	Date