

# Glossary of Workers' Compensation Terms

**Abey a Case:**

To refile a case, with a notation that an Examiner is to review the case by a specified future date.

**Abey an Issue:**

To postpone a decision on an issue in a case until a later date, when it is expected that additional pertinent information may or will be available.

**Accident (Work-Related):**

(WCB) An event, arising out of and in the course of employment, that results in personal injury to a worker.

**Accident Date:**

(WCB) Refers to either (a) the date the accident is deemed to have occurred or (b) the date of onset assigned to an occupational disease. The accident date is officially established by a Law Judge.

**Accident, Notice and Causal Relationship (ANCR):**

(WCB) Minimal conditions that must be met before financial responsibility can be assigned to a claim for workers' compensation. Specifically, it must be established that

- a work-connected accident covered by the Workers' Compensation Law occurred;
- following the accident, the claimant notified his/her employer within the time limit required by the Workers' Compensation Law; and
- a causal relationship exists between the accident and a resulting injury or disability.

**Adjourn (a Hearing):**

(WCB) To put off or suspend until a future time, without making any findings.

**Adjudication:**

The act or process of adjudicating. A judicial decision or sentence.

**Appeal:**

(WCB) A legal action taken by one of the parties to the Appellate Division, Third Department, to reverse or amend a decision or direction made by a Board Panel or the Chair of the Workers' Compensation Board.

**Apportionment:**

(WCB) A proportionate division of all or part of the liability in a case between two or more sources of disability for the same claimant, based on an evaluation of the relative contribution that the sources of disability have made to the claimant's permanent disability.

**Arising Out of and in the Course of Employment:**

(WCB) Two necessary conditions that must be met to establish a work-connected accidental injury; an injury that "arises out of" is one that results from a hazard of the employment, while an injury "in the course of employment" is one that occurred at a time, place and under circumstances related to the employment.

**Attorney Fees:**

(WCB) Fees approved by the Board for claimant attorneys in workers' compensation cases. Under WCL .24, no claims for services or supplies are enforceable unless approved by the Board and, if approved, such claims become a lien upon the compensation awarded.

**Average Weekly Wage (AWW):**

Wage used to calculate total disability benefit rates for most claimants. Defined as 1/52nd of the injured worker's average annual earnings (200-300 times average daily wage, depending on work schedule), based on the prior year's payroll data. If an injured worker has not worked a substantial portion of the immediately preceding year, the average wage of a comparably employed worker is used in the Board's calculations.

**Board Panel:**

(WCB) A panel, usually comprised of three Workers' Compensation Board members (at least one of whom must be a lawyer), that reviews requests to amend decisions made by Workers' Compensation Law Judges, reopens closed cases and considers applications for lump sum non-schedule adjustment awards.

**Calendar:**

A list of the cases scheduled to be heard on a given date at a specific part at a district office or hearing point.

**Cancel (a Case):**

(WCB) An action by the Board to nullify indexing when two case numbers are assigned to a single claim.

**Case:**

(WCB) A reported work injury or illness which has been assembled and assigned a case number (indexed) by an indexing unit of the Workers' Compensation Board.

**Case Number:**

(WCB) A unique identifier assigned by the Workers' Compensation Board at the time a case is indexed. The case number consists of 8 characteristics and has two possible formats:

- for regular cases (not involving volunteer firefighters or volunteer ambulance workers), the format is DYYSSSSS, where D is a code for the WCB district office in which the case was indexed (0,1=Brooklyn; 2=Hempstead; 5=Albany; 6=Syracuse; 7=Rochester; 8=Buffalo; 9=Binghamton); YY represents the last two digits of the year of indexing; and SSSSS is a 5-digit sequence number, beginning with 00001 on January 1.

- for cases involving volunteer firefighters or volunteer ambulance workers, the format is VDYSSSS, where: V is a letter indicating a firefighter (F) or ambulance worker (A); D and YY are the same as for regular cases; and SSSS is a 4-digit sequence number beginning with 0001 on January 1.

**Cause of Accident:**

(WCB) Object, substance or condition that directly contributed to the occurrence of an accident.

**Causation/Causative Factor:**

The fact of being the cause of something produced or of happening. The act by which an effect is produced. An important doctrine in fields of negligence and criminal law.

**Claim:**

(WCB) A request, on a prescribed Form C-3, for workers' compensation for work-connected injury, occupational disease, disablement, or death (Form C-62). A claimant must file a claim within a two-year period from the occurrence of the accidental injury, knowledge of occupational disablement, or death. Failure to file a claim may bar an award for compensation unless the employer has made advance benefit payment or fails to raise the issue, in which event the claim filing requirement is deemed waived.

(NYCIRB, Carriers) A demand for payment or recovery for loss under an insurance contract. Cases are counted as claims only when a payment is made (for indemnity and/or medical benefits) or a reserve is established.

**Claims Information Systems (CIS):**

(WCB) A data system used by the Board's Claims Unit to record basic case information such as parties of interest, current issues and scheduled hearings. CIS has historically been utilized in calendaring of cases (i.e., establishing hearing schedules) and in case identification.

**Classification Code:**

(NCCI, NYCIRB) A system of insurance risk classification based on industrial or occupational categories, supported by the National Council on Compensation Insurance and in use in about 40 states where private insurance is available. The system, which includes several thousand 4-digit numeric codes (with more than 700 classifications in use in New York), is extensively used to identify an employer's rate making class(es) and establish basic pricing for workers' compensation insurance.

**Close (a Case):**

(WCB) To remove a case from further consideration; a decision to close a case is based on a judge's determination that no further rulings by the Board will be necessary in the case. A case closing is effected by a statement on a WCB decision (e.g., "Case is closed."). The closing date is the date of the hearing or the effective date of the decision. A Board Panel may also close a case.

**Compensated Cases Closed (CCC):**

(WCB) A data system used to summarize cases that have been closed with an award of indemnity benefits during a particular calendar year. The annual files generally contain 120,000-140,000 case records and include information about case/claimant background, employment, injury/accident characteristics, extent of disability, indemnity benefits and selected decision characteristics.

**Conciliation:**

(WCB) A Workers' Compensation Board process established to resolve, in an expeditious and informal manner (e.g. through meetings or telephone conferences), issues involving non-controverted claims in which the expected duration of benefits is fifty-two weeks or less. Failure to reach an agreement through the conciliation process results in the case being scheduled for a hearing.

**Contested:**

To bring an action at law. To make the subject of dispute, contention, or litigation.

**Continue (a Case):**

(WCB) To complete a hearing on a case without closing the case, leaving additional matters to be resolved at a future hearing.

**Controverted Claim:**

(WCB) A claim challenged by the insurer on stated grounds. The Board sets a pre-hearing for the determination of the grounds and directs the parties to appear and present their case.

**C-2:**

A Board form titled "Employer's Report of Work-Related Accident or Occupational Disease" filed by employers within ten days after an accident occurs, as required by WCL .110. The form includes a section identifying the case and principal parties and additional sections labeled "Accident," "Injured Person," "Nature of Injury," "Cause of Accident," and "Fatal Cases." Failure to make timely C-2 filings subjects employers to potential administrative and criminal penalties.

**C-3:**

A Board form titled "Employee's Claim for Compensation," that should be completed by the injured worker and submitted to the Board within two years of the accident or onset date. The C-3 form contains much of the same information as the C-3 (sections describing the Injured Person, Employer, Place and Time of accident, Injury, Nature and Extent of Injury, Medical Benefits received, Compensation Benefits received/claimed, etc.).

**C-4:**

A Board form titled "Attending Doctor's Report," that requests information about claimant/claim identification, claim parties of interest, injury history, diagnosis, treatment, disability, causal relation of accident to disability, and degree of impairment. The form is to be filed by the doctor within two days of initial treatment, with additional reports during continued treatment, including a final report.

**C-7:**

A Board form titled "Notice that Right to Compensation is Controverted," that a carrier (as appropriate) must file within (1) 18 days of the date disability begins or (2) ten days of the date the employer first had knowledge of the alleged injury, whichever is later. Within 25 days from the Board's mailing of a notice of indexing in volunteer firefighter or volunteer ambulance worker cases.) The form contains

- information identifying the claim, person (allegedly) injured, employer and carrier,
- a description of the alleged injury and town/county/state where alleged injury occurred,
- reasons why right to compensation is controverted,
- dates for start of alleged disability, employer/carrier first knowledge of injury, receipt of a C-2 from the employer and
- statement concerning whether notification has been given to the disability benefits insurance carrier, and date of notification.

**C-8:**

A Board form titled "Notice that Payment of Compensation for Disability has been Stopped or Modified," that carriers are required to file within 16 days of the date on which benefit payments are stopped or modified. The form includes

- information identifying the claim, injured person, employer and carrier,
- a summary of total disability benefits, partial disability benefits and disfigurement awards paid,
- a summary of the claimant's return-to-work and earnings status and
- if appropriate, an explanation of why indemnity benefits have not been paid in full. Depending on circumstances cited by the carrier and the claimant's response, the filing of a C-8 may or may not trigger an immediate hearing.

**Decision:**

A determination arrived at after consideration. A report of a conclusion.

**Decision and Award Data System (D&A):**

A recently added component of the Board's Claims Information System designed to facilitate production of trial calendar decision notices and other materials prepared by Claims unit keyboard specialists. The system is also being developed as a source of information about case/decision characteristics and indemnity benefits.

**Dependent**

A person eligible to receive death benefits in a fatal injury case; the regular receipt of contributions by the alleged dependent upon which he/she relies and needs to sustain his/her customary mode of living constitutes dependency. Surviving widows and children under age 18 years are eligible for benefits without proving dependency, and other eligible recipients (if dependency is established) may include dependent handicapped children over age 18 years of age, grandchildren, brothers and sisters under age 18, dependent parents and grandparents.

**Disablement:**

To deprive of legal right, qualification, or capacity. To make incapable or ineffective; esp: to deprive of physical, moral, or intellectual strength.

**District:**

(WCB) One of the seven regions of New York State having offices of the Workers' Compensation Board. The regional offices are located in Albany, Binghamton, Brooklyn, Buffalo, Hempstead, Rochester and Syracuse.

**Examiner:**

(WCB) Incumbent in the Workers' Compensation Examiner job title series who performs examining work, applying knowledge of law and of Board rules, regulations, policies and procedures to compensation and disability benefit case information. Among the actions regarding workers' compensation cases that Examiners may perform:

- determining whether a case should be indexed;
- evaluating claim forms and developing information required by judges for case decisions;
- requesting information (by phone, letter, etc.) needed for case development;
- evaluating whether a compensation case may be processed on an informal calendar;
- referring appropriate cases to the conciliation process; and
- preparing formal notices of decision based on judge's directions.

**Exclusive Remedy:**

The premise on which the Workers' Compensation system is based: workers gave up the right to sue the employer in exchange for medical care for payment for their injuries.

**Experience Rating:**

A method for determining an employer's workers' compensation premiums that reflects a) a comparison of the employers recent loss experience with the amount the employer would have been expected to pay if it had been an average employer in the same industry with the same payroll and b) the credibility or confidence assigned to the

employer's loss experience. In practice, insurers assign no credibility to employers with average class premiums below a certain amount (e.g., \$5,000/yr).

**Extent of Disability:**

(WCB) A single-digit numeric code used by the WCB's Research and Statistics unit to characterize the disability classification assigned to a case closed with indemnity benefits. The codes are:

- 0 = Death case
- 1 = Permanent total disability
- 2 = Permanent partial disability (PPD) - Schedule award only
- 3 = Facial disfigurement award only
- 4 = Schedule PPD and facial disfigurement award
- 5 = Temporary disability only
- 6 = Temporary disability and facial disfigurement award
- 7 = Non-schedule PPD - Lump sum settlement
- 8 = Non-schedule PPD - No present loss of earnings
- 9 = Non-schedule PPD - Carrier to continue payments

**Final Adjustment Hearing:**

(WCB) A hearing held in cases involving the loss or loss-of-use of a member or organ of the body in which the principal issue is the extent of loss or loss-of-use (e.g., claims normally involving schedule awards).

**Hearing:**

(WCB) The WCL provides that no case may be closed without notice to all interested parties, with all such parties having an opportunity to be heard. Board hearings are held before Workers' Compensation Law Judges who hear and determine claims for compensation, for the purpose of ascertaining the rights of the parties. The Board, upon receipt of an application for review of a judge's decision, may also hold hearings.

**Hearing Point:**

Facilities, other than the seven District Offices, for which calendars are prepared and at which hearings are held.

**Indemnity Benefits:**

Compensation paid to the workers' compensation claimants for non-medical loss resulting from an injury or illness. Six types of award are permitted by the WCL:

- temporary total disability benefits (for periods of total wage loss);
- temporary partial disability benefits (for periods of partial wage loss);
- facial disfigurement awards (at judge's discretion but subject to a maximum, for cosmetic facial disfigurement resulting from the accident or exposure);
- permanent partial disability benefits (for loss of physical function or for periods of partial wage loss after a claimant has been classified as having a permanent partial disability);
- permanent total disability benefits (for loss of wage earning capacity after a claimant has been classified as having a permanent total disability); and
- death benefits (compensation benefits awarded to spouse, children or under certain circumstances, other family members following a work-related death).

**Indexed Claim:**

(WCB) A claim case folder which has been assembled and assigned a case number by the Board's Claims Unit.

**Judge:**

See Workers' Compensation Law Judge.

**Jurisdiction:**

(WCB) The right to hear and determine a workers' compensation case. The Board has jurisdiction over cases with employment in NYS. Notable exclusions from the Board' jurisdiction in New York State include: federal government workers and certain employees of local government, many NYC government occupations (civil service police, firefighters, sanitation workers), most NYC teachers, and casual employments (yard work by minors, baby-sitters, etc.). Workers covered by separate compensation systems under federal laws (maritime employments, merchant seafarers, interstate railroad employees, etc.) may elect to submit to NYS jurisdiction by waiving their federal rights and remedies. Coverage for some worker classes in NYS is elective (e.g., part-time household workers, sole proprietors, corporate officers, certain musicians, and farm workers earning less than \$1,200 per year).

**Licensed Representative:**

(WCB) (a) Any person other than an attorney who is authorized by the Board to represent claimants or insurance carriers before the Board and, in some instances, to receive a fee, fixed by the Board, for such services. (b) Any person other than an attorney who is authorized by the Board to represent self-insurers before it.

**Licensed Claimant Representative:**

(WCB) (a) Any person other than an attorney who is authorized by the Board to represent claimants or insurance carriers before the Board and, in some instances, to receive a fee, fixed by the Board, for such services. (b) Any person other than an attorney who is authorized by the Board to represent self-insurers before it.

**Lost Time:**

(WCB) A period of total wage loss and loss of earning capacity, beyond the statutory waiting period, caused by the claimant's work-connected disability. In workers' compensation cases only, if the disability period exceeds 14 days,

compensation will be paid from the first day of disability. There is no waiting period for volunteer ambulance worker or volunteer firefighter cases.

**Lump Sum Settlement:**

(WCB) A negotiated and Board-approved agreement, termed a "non-schedule adjustment," between a claimant with a non-schedule permanent partial disability and the insurer(s). As a result of the agreement the claimant receives a sum of money representing all future compensation for his/her disability, and the case is considered closed. Under WCL .15(5-b), granting of a settlement by the Board requires that (a) the right to compensation has been established and compensation has been paid for at least three months, (b) the continuance of disability and of future earning capacity cannot be ascertained with reasonable certainty, (c) there has been a physical examination of the claimant prior to approval, and (d) the Board considers the settlement "fair and in the best interest of the claimant." In practice, lump sum settlements are usually final, but the law provides for reopening's if the Board finds that there has been a change in condition or degree of disability not contemplated at the time of the settlement.

**Manual Rates:**

The listed premium, stated as dollars per \$100 of weekly earnings for each employee, in a state's current schedule; in New York the manual rates are linked to the Classification Code system (i.e., rates are stated for each work classification code used in the state).

**Maximum Medical Improvement (MMI):**

(WCB) An assessed condition of a claimant based on medical judgment that (a) the claimant has recovered from the work injury to the greatest extent that is expected and (b) no further change in his/her condition is expected. A finding of maximum medical improvement is a normal precondition for determining the permanent disability level of a claimant.

**Medical Benefits:**

Medical treatment provided, under the Workers' Compensation Law, to injured workers as a result of injuries arising out of and in the course of employment.

**Medical Fee Schedule:**

A schedule, established by the Chair of the Workers' Compensation Board, of charges and fees for medical treatment and care furnished to workers' compensation claimants.

**Medical Treatment:**

(WCL) Care (other than first aid) administered by a physician, chiropractor or podiatrist or on a physician's referral, by a psychologist, or physical or occupational therapist.

**Modify a Decision:**

A decision that partially changes a previous decision -- e.g., a Board Panel memorandum of decision which amends a Workers' Compensation Law Judge decision.

**Motion Calendar Hearing:**

(WCB) In a case in which no controversy or outstanding issue exists, a proposed decision is prepared and the parties are notified. A hearing is held only if one of the parties objects to the proposed decision.

**National Council on Compensation Insurance (NCCI):**

An association of workers' compensation insurers which serves as the workers' compensation rating organization in about two-thirds of the states. The group establishes standards for use in rate making, develops policy forms, collects statistics, and provides statistical support and services.

**National Institute for Occupational Safety and Health (NIOSH):**

An agency within the U.S. Department of Health and Human Services established in 1970. It is part of the Center for Disease Control and Prevention and is generally responsible for conducting research and making recommendations for the prevention of work-related illnesses and injuries. NIOSH's responsibilities include: investigating potentially hazardous working conditions (as requested by employer or employees), evaluating workplace hazards, creating and disseminating methods for preventing disease/injury/disability, conducting scientifically valid research on safety issues, and providing education and training in the field of occupational safety and health.

**New York Compensation Insurance Rating Board:**

A private, non-profit association of licensed insurance companies that provide workers' compensation insurance in New York; the organization is responsible (among other things) for collecting and reviewing compensation loss experience from carriers, developing policy forms and rating plans, conducting actuarial analyses and preparing rate filings with the New York State Insurance Department.

**Non-Compensated Case:**

A closed case which has never awarded indemnity benefits.

**Non-schedule Permanent Partial Disability:**

Non-fatal injuries that do not involve schedule permanent partial disabilities or cosmetic facial disfigurement and in which the claimant retains some earning capacity are assigned permanent disability benefits based on the claimant's actual or presumed wage loss, with benefits to continue for the duration of the wage loss disability.

**Notice:**

Written notification from an employee to his/her employer, indicating that a work-connected injury or injury has occurred. For accidental injuries, notice must be given no later than 30 days after the accident; the Board must excuse a failure to give notice on the grounds that a) for some reason, notice could not have been given; b) the employer had knowledge of the accident; or c) the employer's case has not been prejudiced. In cases involving occupational diseases, the time period for notice is 2 years from the date of disablement or from the date when the employee knew, or should have known, that the disease was due to the nature of employment.

**Occupation:**

(Census Bureau) A numeric coding structure widely adopted by federal, state and private occupation analysts, for identifying the occupation of an injured worker.

**Occupational Disease (OD):**

A disease arising from employment conditions for a class of workers, with the disease occurring as a natural incident for particular occupations, distinct from and exceeding the ordinary hazards and risks of employment. To be considered an occupational disease, there must be some recognizable link between the disease and some distinctive feature of the workers' job.

**Occupational Disease, Notice and Causal Relationship (ODNCR):**

(WCB) Minimal conditions that must be met before financial responsibility can be assigned to a claim for workers' compensation based on occupational disease. Specifically, it must be established that (a) the claimant has an occupational disease recognized by the WCL, (b) the claimant has, after the onset of the disease, notified his/her employer within the statutory time limit (two years from date of disablement or from date when claimant knew or should have known that the disease was due to the nature of the employment, whichever is greater), and (c) a causal relationship exists between work-related activities and exposure, the development of the occupational disease, and a subsequent disability.

**Occupational Illness:**

Any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment; it includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion or direct contact.

**Occupational Injury:**

Any injury, such as a fracture, sprain, amputation, etc. - which results from a work accident or other exposure involving a single accident in the work environment.

**Party of Interest:**

The claimant, employer, carrier and any statutory fund that may be liable in the particular case.

**Premium:**

The total amount paid for an insurance policy. For workers' compensation insurance, premiums are normally calculated using a rate per \$100 of the payroll for covered employees.

**Reduced Earnings:**

(WCB) A compensation rate based on the claimant's partial wage loss or partial loss of earning capacity due to a condition related to a compensable work-connected injury.

**Reimbursement, Request for:**

A request by an employer for reimbursement for wages paid to an employee for a period during which the employee was eligible to receive workers' compensation or disability benefits. A request by a compensation carrier for reimbursement out of the Special Disability Fund. A request by a disability benefits carrier for reimbursement of benefits paid to a claimant while the workers' compensation case was being litigated.

**Reopened Case:**

A workers' compensation case which has been closed by a Workers' Compensation Law Judge or a Board Panel that is subsequently made active again to determine the claimant's eligibility for benefits.

**Reopened Cases Fund:**

(WCB) A fund established to assume liability for additional awards in cases in which the application to reopen the case occurs more than seven years from the date of injury and more than three years from the payment of the last payment of compensation. The Fund is financed through payments in non-dependency death cases and through assessments made periodically against all carriers.

**Rescind (a Decision):**

(WCB) A Board Panel memorandum of decision which voids or annuls a Workers' Compensation Law Judge decision. Decisions to rescind are usually issued without prejudice in order to allow the parties to present evidence or testimony not previously presented to a Workers' Compensation Law Judge.

**Review Bureau:**

(WCB) A department of the Workers' Compensation Board which processes requests for reopening's of closed cases and objections to Workers' Compensation Law Judge decisions. In addition, the unit previously processed requests to close compensation cases with lump sum non-schedule adjustments, but since 1995 such requests have been handled by the district offices.

**Review, Request for:**

(WCB) A written request for a Board Panel review of a Workers' Compensation Law Judge decision.

**Schedule Permanent Partial Disability:**

(WCB) Maximum benefit week schedules in the WCL are generally used in determining lifetime benefits for injuries to major body parts. Injuries amounting to less than a 100 percent functional loss are awarded a percentage of the scheduled weeks, and there are also provisions for additional weeks required for a protracted healing period.

**Second Injury Fund:**

A special fund, technically known in New York as the Special Disability Fund, which assumes, in certain cases, part of the permanent disability liability resulting from injuries to previously handicapped workers. The fund, which is funded by assessments against carriers and self-insureds, was created to assure handicapped workers receive full workers' compensation benefits, while encouraging employers to hire physically handicapped persons by protecting them against disproportionate liability in the event of subsequent employment injury.

**Self-Insurance:**

(WCB) In lieu of purchasing insurance from an insurance carrier, an employer or group of employers may assume the liability for the payment of workers' compensation benefits to employees by depositing securities or a surety bond in an amount required by the Board.

**Special Funds:**

Funds established under the WCL to assure payments of benefits associated with claims, usually by transferring all or part of the liability to the Fund.

**State Insurance Fund:**

A quasi-public agency whose activities include a) providing workers' compensation insurance coverage to private and public employers; b) providing other lines of insurance coverage; and c) acting as an agent in NYS in workers' compensation cases involving NYS employees. The State Insurance Fund must offer workers' compensation insurance to any employer requesting it, making the Fund an "insurer of last resort" for employers otherwise unable to obtain coverage.

**Symptomatic Treatment:**

Medical treatments aimed at providing relief from the symptoms of a disease or injury, rather than providing a permanent remedy to the underlying condition.

**Tentative Rate:**

A weekly rate assigned by the Workers' Compensation Board for carrier indemnity payments, pending final adjudication of outstanding issues relating to benefit rates.

**Third Party Action:**

(WCB) This term refers to lawsuits against equipment manufacturers, facility owners and other non-employer parties whose products or services contributed to the occurrence of an accident. Under WCL, a compensation claim is a workers' sole remedy against the employer, but lawsuits may be initiated against third parties for contributory negligence, product defects, etc.

**Total Disability:**

With meaning of workers' compensation acts, means lack of ability to follow continuously some substantially gainful occupation without serious discomfort or pain and without material injury to health or danger to life.

**Trial Calendar Hearing:**

(WCB) A regularly scheduled hearing on a case conducted by a WCLJ that is designed to permit the introduction of evidence and/or witnesses and the presentation of arguments by the parties.

**Uninsured Employers' Fund:**

A special fund which provides for the payment of workers' compensation cases where the employer was not insured nor self-insured and has defaulted in the payment of workers' compensation.

**Wage:**

See Average Weekly Wage.

**Wage Expectancy:**

(WCB) A decision element assigning an artificial wage rate to a young claimant, based on the authority of WCL .14(5).

**Wage Replacement:**

(WCB) The proportion of pre-injury wages replaced by workers' compensation benefits.

**Waiting Period:**

(WCB) Period covering the first seven days of disability resulting from a work-connected injury or illness. Workers' compensation indemnity benefits are not allowable for the first seven days of disability, except that (a) in cases where the disability period exceeds 14 days, indemnity awards are allowed from the date of disability, and (b) there is no waiting period for VAWBL/VFBL cases.

**Workers' Compensation Board, New York State (WCB):**

(a) The agency charged with administering the Workers' Compensation Law, the Volunteer Ambulance Workers' Benefit Law and the Volunteer Firefighters' Benefit Law and the Disability Benefits Law. (b) The thirteen member Board responsible (directly or through review of delegated authority) for determining all issues involving claims under the WCL. Members are appointed to seven-year terms by the Governor, by and with the advice and consent of the Senate. The Governor designates the Chair and Vice-Chair.

**Workers' Compensation Law (WCL):**

Chapter 67 of the Consolidated Laws, governing the workers' compensation system; separate laws cover compensation benefits for volunteer firefighters and volunteer ambulance workers.

**Workers' Compensation Law Judge (WCLJ; Compensation Claims Referee):**

(WCB) An officer appointed by the Chair of the Workers' Compensation Board from a Civil Service competitive process to hear and determine claims and to conduct such hearings and investigations and make such orders, decisions and determinations as may be required in the adjudication of the claims. A Judge's decision is deemed the decision of the Board unless the Board modifies or rescinds such decision.