

# State of Connecticut Workers' Compensation Commission

*This form prepared by the WCC is proper for ordinary use and is recommended, but any other notice complying with Section 31-294c shall be deemed sufficient.*

## Notice of Claim for Compensation

(Employee to Commissioner and to Employer)

Notice is hereby given that the injured worker, while in the employ of the employer, sustained injuries arising out of and in the course of his/her employment as follows, and makes claim for compensation benefits.

Please TYPE or PRINT IN INK

Rev. 07-01-2019



# 30C

WCC File #

Date filed in District

(for WCC use only)

### INJURED WORKER

Name \_\_\_\_\_  
(first) (middle) (last)

D.O.B. (required) \_\_\_\_\_

Check, if a Minor ☐ (under 18 yrs. of age)

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Tel.# \_\_\_\_\_

### EMPLOYER

Employer \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Tel.# \_\_\_\_\_

Was Injury ON Premises of Employer? ☐ YES ☐ NO

If NO, where? \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Tel.# \_\_\_\_\_

### INJURY

Date of Injury \_\_\_\_\_

Town of Injury \_\_\_\_\_

Body Part(s) \_\_\_\_\_

Describe Injury and How It Happened:

- ☐ Check, if an Occupational Disease or a Repetitive Trauma
- ☐ Check, if you have MORE THAN ONE Employer
- ☐ Check, if PTSD pursuant to P.A. 19-17 (police officer, parole officer, firefighter)

### SIGNATURE OF INJURED WORKER OR REPRESENTATIVE

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name & address below, if other than injured worker:

Name \_\_\_\_\_

Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Tel.# \_\_\_\_\_

**This notice must be served upon the Commissioner and \*Employer by personal presentation or by registered or certified mail. For the protection of both parties, the employer should note the date when this notice was received and the claimant should keep a copy of this notice with the date it was served.**

\* Persons employed by the State of Connecticut must serve the employer by serving this notice upon the Commissioner of Administrative Services, 450 Columbus Boulevard, Hartford, CT 06103.

\* Persons employed by a municipality must serve the employer by serving this notice upon the town clerk of the municipality in which he or she is employed.

\* If your employer pursuant to statute has posted the location where this notice is to be filed, it is your obligation to file it at that location, using certified mail.

**WARNING:** If an employer does not file a notice contesting liability (e.g. Form 43) for this claim OR begin making workers' compensation benefit payments "without prejudice" within 28 calendar days from the date when this claim is received by personal delivery or by registered or certified mail, **COMPENSABILITY SHALL BE PRESUMED** and cannot thereafter be contested. If an employer chooses to begin making workers' compensation benefit payments "without prejudice" within 28 calendar days from the date of receipt of this claim and still wishes to contest this claim, it must do so by filing a notice contesting liability for this claim within one year from receipt of this claim [See Sec. 31-294c(b)] OR, in the case of a claim for PTSD pursuant to P.A. 19-17, within 180 days.

A 30C Form should be filed promptly after a work-related injury or illness takes place. There is a statute of limitation for filing workers' compensation claims: within one year of the date of an accidental injury or within three years from the first manifestation of a symptom of an occupational disease.

**[NOTE:** If, within the applicable time period described above, (1) there has been a hearing or a written request for a hearing or an assignment for a hearing or (2) your employer's insurance carrier has already signed a Voluntary Agreement, you do **NOT** need to file a 30C Form for the injury or illness it covers.]

#### **You Should File A 30C Form Because . . .**

- There will be no doubt that you are claiming that you have a work-related injury or occupational disease.
- It is the best way to insure that you have met the statute of limitations for filing a workers' compensation claim.
- A simple "accident report" filed with the employer is not an official claim for workers' compensation.
- Your claim will be more likely to receive prompt attention from your employer or insurance carrier.
- Once your employer receives an official claim, they have only 28 calendar days in which to either deny your claim or to begin making workers' compensation benefit payments "without prejudice." If an official denial is not issued within 28 calendar days or if benefit payments are not initiated within 28 calendar days, your employer must accept the compensability of your claim. (If your employer has opted to post a location where you must file your claim, this 28-day period begins when your employer has received your claim *at the location posted* per statute.)

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## **Directions for Completing the 30C Claim Form**

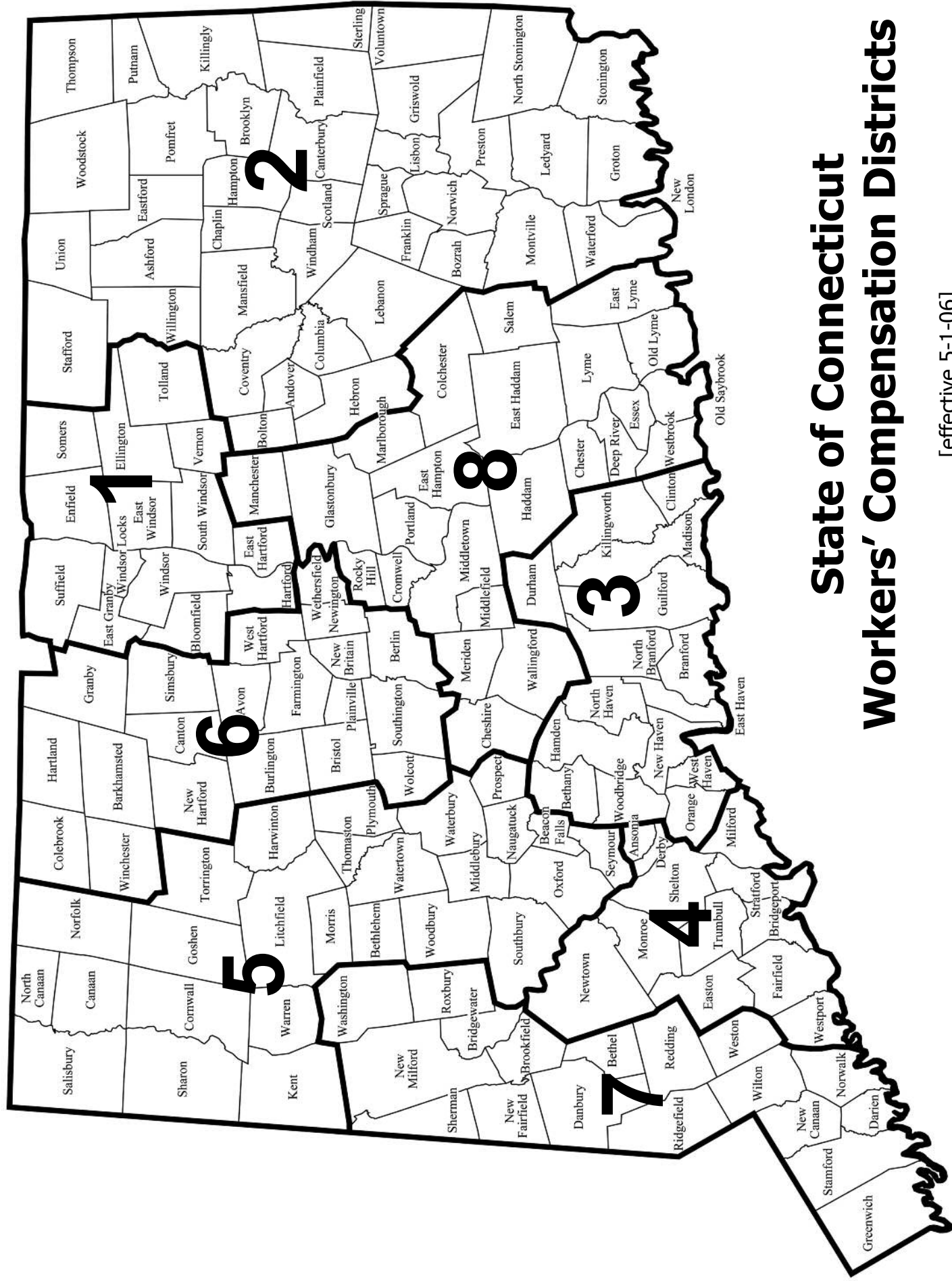
Please pay close attention to these directions. Remember to Type or Print Neatly In Ink (except for signatures).

### **In filling out the 30C Form, please note the following:**

1. In the "INJURED WORKER" box at the upper left side of the form, **type or neatly print the name of the injured worker (If YOU are the injured worker, print YOUR name here.)**. Also fill in the injured worker's D.O.B. (date of birth), put a check in the box if the worker is a minor (under the age of 18), and fill in the injured worker's street address, town, state, zip code, and telephone number.
2. In the "EMPLOYER" box at the lower left side of the form, **type or neatly print the name of the employer** ("Name of employer" means the name of the organization for which you work, NOT your boss or supervisor.) **and its street address, town, state, zip code, and telephone number**. Next indicate (YES or NO) whether the injured worker's injury occurred at the employer's location just listed; *if the injury took place at a location other than that listed, fill in the location, street address, town, state, zip code, and telephone number where the injury actually occurred*.
3. In the "INJURY" box at the upper right side of the form, **type or neatly print the date of the injured worker's injury and the town in which the injury occurred** (Note the city or town in which the injury actually occurred. This will not necessarily be the same location as the employer's business address!). **Indicate the part(s) of the worker's body injured and how the injury occurred** (In the blank space describe your injury in simple terms, specifying the part(s) of your body affected and the type(s) of injury. For example: "sprain to the right shoulder", "amputation of the left thumb", "fracture of the right ankle", "severe strain to lower back", etc.). **Next check the first box, *if the injury is an occupational disease or a repetitive trauma*, check the second box *if you have more than one employer*, and check the third box *if you are a police officer, parole officer, or firefighter claiming benefits for PTSD pursuant to Public Act 19-17*.**
4. In the "SIGNATURE OF INJURED WORKER OR REPRESENTATIVE" box at the lower right side of the form, **sign your name and fill in the date of your signature, *if you are the injured worker*. If you are NOT the injured worker, then sign your name, fill in the date of your signature, and then type or neatly print your name, the name (if any) of your firm, your street address, town, state, zip code, and your telephone number.**
5. In the "WCC File #" box at the upper right side of the form (just below the "30C" number in the upper right corner), **type or neatly print the WCC File Number, ONLY IF YOU KNOW IT**. In most instances, this number will be assigned to your claim by the Workers' Compensation Commission only after you send the 30C Form in, so it is **okay to leave this one area of the form blank, if you are not absolutely sure of the number**.

### **Once you have completed the 30C Form, follow these procedures:**

6. **Make two (2) extra copies of your completed 30C Form** (this can be done at many quick-copy printers).
7. **Send the original 30C to your employer\* by Certified or Registered mail, return receipt requested. The claim may also be delivered in person but if so, have the employer acknowledge in writing the receipt of the claim.**
  - \* *State employees' work-related injuries and illnesses are reported on Form PER-WC 207, entitled "Report of Occupational Injury or Disease to an Employee". If a State employee elects to file a 30C Form, then he or she must send the 30C Form to the Commissioner of Administrative Services, 450 Columbus Boulevard, Hartford, CT 06103, NOT to the particular office where employed. (The Form PER-WC 207 is ONLY an accident report and is NOT the official claim form for workers' compensation benefits — State employees, like any other employees, must file a 30C Form in order to file an official workers' compensation claim.)*
  - \* *Municipal employees, like any other employees, must file a 30C Form in order to file an official workers' compensation claim; if a municipal employee elects to file a 30C Form, then he or she must send the 30C Form to the town clerk of the municipality in which he or she is employed.*
  - \* *Employees (other than State or municipal employees): if your employer pursuant to statute has posted the location where you must file a 30C Form, it is your obligation to file it at that location, using certified mail.*
8. **Send a copy of the 30C to the appropriate Workers' Compensation Commission District Office by Certified or Registered mail, return receipt requested, or deliver by personal presentation.** Addresses for all Workers' Compensation Commission District Offices may be found in this packet of material. The "District Office" refers to the number given to the District Workers' Compensation Commission Office **for the town in which you were injured**. Refer to the Connecticut map provided with the Form 30C for the number of the Compensation District for the town in which you were injured.
9. **Keep the remaining copy of the 30C for your own file.**



# State of Connecticut Workers' Compensation Districts

[effective 5-1-06]

# **Workers' Compensation Commission District Offices**

## **District 1 — Hartford**

999 Asylum Avenue  
Hartford, CT 06105  
  
Phone: (860) 566-4154  
Fax: (860) 566-6137

## **District 5 — Waterbury**

55 West Main Street  
Waterbury, CT 06702  
  
Phone: (203) 596-4207  
Fax: (203) 805-6501

## **District 2 — Norwich**

55 Main Street  
Norwich, CT 06360  
  
Phone: (860) 823-3900  
Fax: (860) 823-1725

## **District 6 — New Britain**

233 Main Street  
New Britain, CT 06051  
  
Phone: (860) 827-7180  
Fax: (860) 827-7913

## **District 3 — New Haven**

700 State Street  
New Haven, CT 06511-6500  
  
Phone: (203) 789-7512  
Fax: (203) 789-7168

## **District 7 — Stamford**

111 High Ridge Road  
Stamford, CT 06905  
  
Phone: (203) 325-3881  
Fax: (203) 967-7264

## **District 4 — Bridgeport**

350 Fairfield Avenue  
Bridgeport, CT 06604  
  
Phone: (203) 382-5600  
Fax: (203) 335-8760

## **District 8 — Middletown**

90 Court Street  
Middletown, CT 06457  
  
Phone: (860) 344-7453  
Fax: (860) 344-7487