# ****WCB Response to COVID-19 Pandemic: Emergency Relief from Original Signature Requirements on Listed Documents****

On March 16, 2020, the Board published a [COVID-19 Guidance Document](https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkIjoxMDAsInVyaSI6ImJwMjpjbGljayIsImJ1bGxldGluX2lkIjoiMjAyMDAzMjEuMTkxMDkxOTEiLCJ1cmwiOiJodHRwOi8vd3d3LndjYi5ueS5nb3YvY29udGVudC9tYWluL1RoZUJvYXJkL1dDQi1SZXNwb25zZS1DT1ZJRC0xOS5qc3AifQ.oGi8c_0TuR7DJcch_xsdfWNUalqDgGhaZb0KgqwNE5Y/br/76457713563-l) describing the anticipated impacts on the workers’ compensation system due to the current public health crisis and steps taken by the Board in response. In addition, the Board has commenced [mandatory remote-only Virtual Hearing attendance](https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkIjoxMDEsInVyaSI6ImJwMjpjbGljayIsImJ1bGxldGluX2lkIjoiMjAyMDAzMjEuMTkxMDkxOTEiLCJ1cmwiOiJodHRwOi8vd3d3LndjYi5ueS5nb3YvY29udGVudC9tYWluL1RoZUJvYXJkL0NPVklELTE5LUJvYXJkLVN0YWtlaG9sZGVycy0zLTE2LmpzcCJ9.0KBgYVeGJiSZ6IYWZvS-7Fdg7rwNHV-_B5sUkiPw3aI/br/76457713563-l) and continues to work to ensure, to the greatest extent possible, ongoing operations and benefit flow to injured workers.

Since issuing the initial COVID-19 Guidance Document on March 16, 2020, the Board has received many questions from attorneys about the need for signatures on certain documents. Many attorneys, other law firm staff, and employees of payers and administrators are working from home during this crisis and are unable in some instances to submit required forms with original handwritten signatures.

To that end, the Board is hereby suspending **until further notice** the requirement for original handwritten signatures on the following forms (all language versions), which require the signatures of claimants, attorneys, payers and administrators, during the current state of emergency:

* Employee Claim (Form C-3) – Paper
* Waiver Agreement – Section 32 WCL (Form C-32)
* Section 32 Settle Agreement: Claimant Release (Form C-32.1)
* Stipulation (Form C-300.5)
* Agreed Upon Findings And Awards for Proposed Conciliation Decision (Form C-312.5)
* Extreme Hardship Redetermination Request (Form C-35)
* Claim for Compensation in Death Case (Form C-62)
* Notice of Retainer and Substitution (Form OC-400)
* Application for a Fee by Claimant’s Attorney or Licensed Representative (Form OC-400.1)
* Attorney/Representative’s Certification of Form C-3 or Notice of Controversy (Form OC-400.5)
* Attorney/Licensed Representative Request to Withdraw from Representation (Form OC-400.17)
* Notice of Retainer and Appearance on Behalf of Employer (Form OC-406)
* Pre-Hearing Conference Statement (Form PH-16.2)
* Application for Board Review (Form RB-89)
* Rebuttal of Application for Board Review (Form RB-89.1)
* Application for Reconsideration/Full Board Review (Form RB-89.2)
* Rebuttal of Application for Reconsideration/Full Board Review (Form RB-89.3)
* Request for Further Action by Injured Worker (Form RFA-1W) –Paper
* Request for Further Action by Legal Counsel (Form RFA-1LC) – Paper
* Request for Further Action by Carrier/Employer (Form RFA-2) – Paper
* Notice to Liable Political Subdivision of Volunteer Ambulance Worker’s Injury or Death (Form VAW-1)
* Volunteer Ambulance Worker’s Claim for Benefits (Form VAW-3)
* Claim for Volunteer Ambulance Worker’s Benefits in a Death Case (Form VAW-62)
* Loss of Wage Earning Capacity Vocational Data (Form VDF-1) – Paper
* Notice to Liable Political Subdivision of Volunteer Firefighter’s Injury or Death (Form VF-1)
* Volunteer Firefighter’s Claim for Benefits (Form VF-3)
* Claim for Volunteer Firefighter Benefits in a Death Case (Form VF-62)

Where a form is identified as ‘Paper’ (e.g., Request for Further Action by Injured Worker [Form RFA-1W] – Paper), it is a paper version of a form that can also be completed electronically and submitted online. All forms are listed at: [http://www.wcb.ny.gov/content/main/forms/AllForms.jsp](https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkIjoxMDIsInVyaSI6ImJwMjpjbGljayIsImJ1bGxldGluX2lkIjoiMjAyMDAzMjEuMTkxMDkxOTEiLCJ1cmwiOiJodHRwOi8vd3d3LndjYi5ueS5nb3YvY29udGVudC9tYWluL2Zvcm1zL0FsbEZvcm1zLmpzcCJ9.w2zi6cdmBrzk4V7-NzX7LUOncKLv14fnyLY7xb2wXQE/br/76457713563-l)

**Claimants**

As a result of the COVID-19 crisis, it is anticipated that claimants will be unable to meet in person with their legal representatives in order to sign documents drafted by counsel, which require the claimant’s signature. Therefore, during this State of Emergency, forms may be executed by a represented claimant as follows:

* If any of the forms listed above require the claimant’s signature, the claimant may indicate his or her approval of the document, which will be attested to by his or her attorney. The claimant may do so in several ways: (1) by signing the form electronically in accordance with the New York State Electronic Signatures and Records Act (ESRA) and its accompanying regulations (9 NYCRR Part 540); or (2) by indicating his or her approval of the document in another manner (for example, an email) to his or her legal representative; and
* The attorney or licensed representative who represents the claimant shall submit the form to the Board with an additional attestation by the attorney, on the letterhead of his or her firm, which states either:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby attest that I am an [attorney/licensed representative] with the firm of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with its principal place of business located at the address indicated on the letterhead above and identified by the Workers' Compensation Board in its system using the following identifier (W, R or other number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who represents the claimant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in WCB # \_\_\_\_\_\_\_\_\_\_. The claimant signed the attached document, [FORM ID], using an electronic signature process that meets the requirements set forth in the New York State Electronic Signatures and Records Act (ESRA) and its accompanying regulations (9 NYCRR Part 540). I fully explained to the claimant that the [FORM ID] would be submitted to the Board on his/her behalf.

-OR -

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby attest that I am an [attorney/licensed representative] with the firm of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with its principal place of business located at the address indicated on the letterhead above and identified by the Workers' Compensation Board in its system using the following identifier (W, R or other number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who represents the claimant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in WCB # \_\_\_\_\_\_\_\_\_\_. I fully discussed the contents of the attached document, [FORM ID], with the claimant and hereby attest that claimant understood the contents of the [FORM ID] and conveyed his or her approval of the contents of the document to me. I explained to the claimant that the [FORM ID] would be submitted to the Board on his/her behalf.

* The attorney shall certify this attestation, providing his or her given name and the firm name and R number. This certification can be signed electronically as provided below.

**Attorneys/ Licensed Representatives**

During this State of Emergency, forms may be executed by attorneys and licensed representatives appearing in claims before the Workers’ Compensation Board as follows:

* If any of the forms listed above require the signature of an attorney or licensed representative, the attorney or licensed representative may sign the form electronically in accordance with the New York State Electronic Signatures and Records Act (ESRA) and its accompanying regulations (9 NYCRR Part 540); and
* The attorney or licensed representative shall submit the form to the Board with an additional attestation by the attorney or licensed representative, on the letterhead of his or her firm, which states as follows:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby attest that I am an [attorney/licensed represented] with the firm of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with its principal place of business located at the address indicated on the letterhead above and identified by the Workers' Compensation Board in its system using the following identifier (R number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who represents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WCB # \_\_\_\_\_\_\_\_\_\_ in this matter. I have signed the attached document, [FORM ID], using an electronic signature process that meets the requirements set forth in the New York State Electronic Signatures and Records Act (ESRA) and its accompanying regulations (9 NYCRR Part 540).

* The attorney shall certify this attestation, providing his or her given name and the firm name, and R or W number. This certification can be signed electronically in accordance with the New York State Electronic Signatures and Records Act (ESRA) and its accompanying regulations (9 NYCRR Part 540).
* In the form’s signature line, the attorney should type his or her name, and/or the claimant’s name, as indicated.

**Payers and Administrators**

During this State of Emergency, forms may be executed by insurance carriers, self-insured employers and third-party administrators (hereinafter collectively referred to as “payers”) as follows:

* If any of the forms listed above require the signature of a payer, an employee or agent of the payer may sign the form electronically in accordance with the New York State Electronic Signatures and Records Act (ESRA) and its accompanying regulations (9 NYCRR Part 540); and
* The payer shall submit the form to the Board with an additional attestation by the employee or agent of the payer who signed the form electronically, on the letterhead of the payer, which states as follows:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby attest that I am an employee or agent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with its principal place of business located at the address indicated on the letterhead above and identified by the Workers' Compensation Board in its system using the following identifier (W, T or other number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have the authority to act on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in this matter [WCB # \_\_\_\_\_\_\_\_]. I have signed the attached document, [FORM ID], using an electronic signature process that meets the requirements set forth in the New York State Electronic Signatures and Records Act (ESRA) and its accompanying regulations (9 NYCRR Part 540).

* The employee or agent of the payee shall certify this attestation, providing his or her given name and job title, and the payer name. This certification can be signed electronically in accordance with the New York State Electronic Signatures and Records Act (ESRA) and its accompanying regulations (9 NYCRR Part 540).

**Regulations**

The Board, pursuant to the authority set forth in 12 NYCRR §300.30 has suspended application of the signature requirements set forth in 12 NYCRR §300.17(d)(3) and §300.5.

**Stay informed**

To stay informed on Board updates, please watch the [WCB website](https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkIjoxMDMsInVyaSI6ImJwMjpjbGljayIsImJ1bGxldGluX2lkIjoiMjAyMDAzMjEuMTkxMDkxOTEiLCJ1cmwiOiJodHRwczovL3Byb3RlY3QyLmZpcmVleWUuY29tL3YxL3VybD9rPTg4NmNiZjAwLWQ0NGY1OGRiLTg4NmU0NjM1LTBjYzQ3YWE4YzZlMC1lYjMwMjBiZWY4NDZhOWYxJnE9MSZlPTU1ZGI3NGUzLTJhYzctNDk2Zi04MWIzLTVhMDExY2JlYmU0MyZ1PWh0dHBzJTNBJTJGJTJGbG5rcy5nZCUyRmwlMkZleUpoYkdjaU9pSklVekkxTmlKOS5leUppZFd4c1pYUnBibDlzYVc1clgybGtJam94TURnc0luVnlhU0k2SW1Kd01qcGpiR2xqYXlJc0ltSjFiR3hsZEdsdVgybGtJam9pTWpBeU1EQXpNVFl1TVRnM056STVPREVpTENKMWNtd2lPaUpvZEhSd09pOHZkM2QzTG5kallpNXVlUzVuYjNZaWZRLmJJSE9rTXBFOHAtM1d4X01RY292NmRrZ0o3YUhIT3V1am1LVTBYRXRwWE0lMkZiciUyRjc2MTUxMjU0NTQ0LWwifQ.OlkU3GKuuVVJpqIkoy6-n9v5tUCQ_e5ZiPy15URlqN0/br/76457713563-l) and subscribe to [WCB Notifications](https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkIjoxMDQsInVyaSI6ImJwMjpjbGljayIsImJ1bGxldGluX2lkIjoiMjAyMDAzMjEuMTkxMDkxOTEiLCJ1cmwiOiJodHRwczovL3Byb3RlY3QyLmZpcmVleWUuY29tL3YxL3VybD9rPTcwNGU5NGNkLTJjNmQ3MzE2LTcwNGM2ZGY4LTBjYzQ3YWE4YzZlMC0wODE1MDEwOGI4Yzk1NTJlJnE9MSZlPTU1ZGI3NGUzLTJhYzctNDk2Zi04MWIzLTVhMDExY2JlYmU0MyZ1PWh0dHBzJTNBJTJGJTJGbG5rcy5nZCUyRmwlMkZleUpoYkdjaU9pSklVekkxTmlKOS5leUppZFd4c1pYUnBibDlzYVc1clgybGtJam94TURrc0luVnlhU0k2SW1Kd01qcGpiR2xqYXlJc0ltSjFiR3hsZEdsdVgybGtJam9pTWpBeU1EQXpNVFl1TVRnM056STVPREVpTENKMWNtd2lPaUpvZEhSd2N6b3ZMM0IxWW14cFl5NW5iM1prWld4cGRtVnllUzVqYjIwdllXTmpiM1Z1ZEhNdlRsbFhRMEl2YzNWaWMyTnlhV0psY2k5dVpYY2lmUS42WWE2UkNsTGM2MHZ0RE56elRNb2lwTURmUm5UNHJTVF9UNmI5RXEyU1hRJTJGYnIlMkY3NjE1MTI1NDU0NC1sIn0.ivcY43Amb8vK6RGU0O6M_ANs7pX-5-GuLzdDp1gGyRA/br/76457713563-l).